MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

16055

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (In this place) 4 mo; HOSPITAL OR INSTITUTION OR STREET ADDRESS 313 E. Joppa Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson (5 years); STREET ADDRESS (If rural, give location) 313 E. Joppa Rd. (4 mon.)

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) Avery (Last) Aiken

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, ~~MARRIED~~, WIDOWED, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: Aug. 18, 1891

9. AGE last birthday: 60 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Buyer

10b. KIND OF BUSINESS OR INDUSTRY: Television Parts (Bendix)

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO. 268-05-4971

17. INFORMANT: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last	(b) Heart disease, vascular, coronary, thrombosis	1 year
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Rollin C. Hudson M.D., D.M.E. | ADDRESS Towson Md. | DATE SIGNED 6/8/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal | DATE THEREOF June 9, 1952 | NAME OF CEMETERY OR CREMATORY Busser Borgmann Funeral Home | LOCATION (City, town, or county) (State) Cincinnati, OHIO

DATE REC'D BY LOCAL REG. June 9, 1952 | REGISTRAR'S SIGNATURE Mabel C. Gray | 24. FUNERAL DIRECTOR John Burns' Sons, Towson, Md. | ADDRESS

RECEIVED
JUN 11 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16056

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Idlewylde
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 805 Overbrook Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Idlewylde
STREET ADDRESS (If rural, give location) 806 Overbrook Road

3. NAME OF DECEASED: (Type or Print) (First) EDWARD (Middle) L. (Last) BASH

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: June 8, 1878

9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Law Firm Member

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward H. Bash

14. MOTHER'S MAIDEN NAME: Mary Ker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mary K. Keating, Centreville, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause
(a) Decompensating Cardio Vas. Disease
DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
420.1
(b) Coronary Thrombosis
DUE TO
(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ....., 1950, to June 2 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 2.06 P.M., from the causes and on the date stated above.

SIGNATURE Laurence C. Tosh (DEGREE OR TITLE) M.D. ADDRESS DATE SIGNED 6/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation
DATE THEREOF 6/4/52
NAME OF CEMETERY OR CREMATORY Green Mount Crematory
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/3/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. Cook, Inc., ADDRESS 1217 St. Paul Street

MARYLAND STATE DEPARTMENT OF HEALTH 06057

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — LENGTH OF STAY (In this place) 13 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS 2804 Oakcrest Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville — STREET ADDRESS (If rural, give location) 2804 Oakcrest Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) James (Last) Batterden

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1952

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: Oct 5 1896 — 9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher — 10b. KIND OF BUSINESS OR INDUSTRY: Whsle. Meat — 11. BIRTHPLACE (State or foreign country): Baltimore Maryland — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Batterden — 14. MOTHER'S MAIDEN NAME: Amie Egan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mrs Jennie Batterden 2804 Oakcrest

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, Chronic myocarditis, acute congestive failure — Interval between onset and death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

422.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Collins C. Hudson M.D. D.M.E. — Towson Md — 6/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/17/52 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): Balto Md

DATE RECD BY LOCAL REG. 6/16/52 — REGISTRAR'S SIGNATURE: a w Bowden — 24. FUNERAL DIRECTOR — ADDRESS: L J Luck 5305 Harford Rd

VS. A15A

occupation

MARYLAND STATE DEPARTMENT OF HEALTH 06058

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ~~Sparks~~ Monkton Rural (R.F.D.) LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Corbett Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Monkton, Rural
STREET ADDRESS (If rural, give location) Corbett Rd

3. NAME OF DECEASED (Type or Print): (First) Leonard (Middle) LeRoy (Last) Baublitz
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 19 52
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: March 23, 1931
9. AGE last birthday: 21 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Balto Co. Md.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Leonard H. Baublitz
14. MOTHER'S MAIDEN NAME: Rosie Wilhelm
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Mrs. Rosie Baublitz, Monkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — Interval Between Onset and Death:

929.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Swimming Pool (CITY OR TOWN) Monkton (COUNTY) Balto (STATE) Md.
TIME OF INJURY (Month) June (Day) 7 (Year) 52 (Hour) 7:30 p.m. INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Unknown

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
A. M. France M.D. Parkton Md 6/8/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6-10-52 | NAME OF CEMETERY OR CREMATORY Falls Rd Chapel | LOCATION (City, town, or county) Sparks (State) Md.
DATE REC'D BY LOCAL REG. 6-10-52 | REGISTRAR'S SIGNATURE M Elizabeth Gousch | 24. FUNERAL DIRECTOR ADDRESS J. Scott Broadbent, Sparks, Md.

RECEIVED
JUN 12 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

06459

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1504 Ivanhoe Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 1504 Ivanhoe Ave.

3. NAME OF DECEASED (Type or Print): (First) KATHERINE (Middle) (Last) BECKMAN

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: May 10, 1868

9. AGE last birthday: 84 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael O'Brien

14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 6-----

17. INFORMANT AND ADDRESS: Mrs. Eliz. Nitsch-1504 Ivanhoe Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Edema — Interval Between Onset and Death: 3 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arterio-sclerotic Heart Disease — 2 yrs?

(c) Chronic Nephritis — 2 yrs?

592

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐, Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1950, to 6-17, 1952, that I last saw the deceased alive on 6-17, 1952, and that death occurred at 12:30A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Odon E Upton M.D. 805 3rd. Ave 28 Md 6-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 6/19/52 | NAME OF CEMETERY OR CREMATORY: Cathedral Cem. | LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. 6-19-52 | REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR ADDRESS: Geo. A. Farley - Catonsville, Md.

RECEIVED
JUN 20 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 060

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Anneslie
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 745 Anneslie Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Anneslie
STREET ADDRESS (If rural, give location): 745 Anneslie Road

3. NAME OF DECEASED: (First) Arthur (Middle) W. (Last) Beever

4. DATE OF DEATH: (Month) (Day) (Year) June 24, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan. 3, 1883

9. AGE last birthday: 69 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cable Foreman, retired, Cas. Co

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Beever

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Anna Beever, 745 Anneslie Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last 429.1
(b) Hypetension - Cardio - Vascular - Renal disease — DUE TO
(c) arterio - sclerosis —

INTERVAL BETWEEN ONSET AND DEATH: Stat —

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Had recurrent coronal attacks - April 1951

19a. DATE OF OPERATION: April 28/51

19b. MAJOR FINDINGS OF OPERATION: Gall stones - Thrombo-Phlebitis - Left leg - 1951

20. AUTOPSY? No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 24, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 4:40 P.M. from the causes and on the date stated above.

SIGNATURE: Foster F. Krumrein (DEGREE OR TITLE) 711 D. 72nd St. ADDRESS — DATE SIGNED: June 26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/27/52 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/26/52 — REGISTRAR'S SIGNATURE: Reid Holmes Dod

24. FUNERAL DIRECTOR: [illegible] — ADDRESS: 1219 St Paul St

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Texas
LENGTH OF STAY (in this place) 3 yr. 5 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Baltimore County Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kingsville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Howard (Middle) (Last) Bell

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 27, 1874

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nelson Bell

14. MOTHER'S MAIDEN NAME: Ellen Cockerell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: W. W. Bell - Kingsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic cardio-vascular disease — year.

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 51, to June 7, 19 52, that I last saw the deceased alive on June 7, 19 52, and that death occurred at 2 a. m., from the causes and on the date stated above.

SIGNATURE: Elizabeth B. Sherrill (Degree or title) M.D. ADDRESS: Cockeysville, Md. DATE SIGNED: 6/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/9/52

NAME OF CEMETERY OR CREMATORY: Salem

LOCATION (City, town, or county) (State): Upper Falls Md

DATE REC'D BY LOCAL REG.: June 7/52

REGISTRAR'S SIGNATURE: Wm. J. Chilcoat

24. FUNERAL DIRECTOR: Wm. Corbin Son ADDRESS: 1217 St Paul St.

VS. A15

RECEIVED
JUN 10 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1702 Chesapeake Avenue

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) C. (Last) BELLESTRI

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 2-24-95

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Tavern Owner

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): New York City, N. Y.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Sebastian Bellestri

14. MOTHER'S MAIDEN NAME: Elizabeth Silvestri

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 212-22-7414

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CANCER OF STOMACH DUE TO — Interval Between Onset And Death: Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-28-52

19b. MAJOR FINDINGS OF OPERATION: Cystoscopy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 14, 19 52, to June 2, 19 52, and that death occurred at 7:15 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] M. D.

ADDRESS VAH, FORT HOWARD, MD.

DATE SIGNED 6-2-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 5, 1952

NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/4/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR ADDRESS Gonce & Lyons Funeral Home, 4001 Gov. Ritchie Highway, Baltimore, Md.

V.S. 15

8.M.M.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

63

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Stoneleigh
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Register Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Stoneleigh
STREET ADDRESS (If rural, give location) 715 Stoneleigh Road

3. NAME OF DECEASED: (Type or Print) (First) ANNA (Middle) (Last) BERRY

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 29, 1866

9. AGE last birthday: 86 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Mid-ocean

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Ruth Knickerbocker, 715 Stoneleigh Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Myocardial disease — DUE TO — INTERVAL BETWEEN ONSET AND DEATH: 4 days

Antecedent cause(s) 422 1 — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) cirrhosis - sclerosis — DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52 to 29 June, 19 52, that I last saw the deceased alive on 29 June, 19 52, and that death occurred at 7 P.M., from the causes and on the date stated above.

SIGNATURE Charles H. Kerr (DEGREE OR TITLE) M.D. ADDRESS 6701 York Rd Balto 12 DATE SIGNED 30 June 52

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF 7/1/52
NAME OF CEMETERY OR CREMATORY Moreland Park Cemetery
LOCATION (City, town, or county) (State) Parkville, Maryland

DATE REC'D BY LOCAL REG. 7-1
REGISTRAR'S SIGNATURE LR

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul Street

Items 13 & 21 Film 3144 6-13-52 ar

54

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville; LENGTH OF STAY (In this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harrisonville
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Liberty Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GEORGE	WILLIAM	BERRY	June	12	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	divorced	Oct. 14, 1903	48 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter	Building	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Berry	Edna A. Dell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	no	067-14-3554	Mrs. Edna A. Berry - Randallstown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Chronic alcoholism	
8710 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Barbiturate intoxication	
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Harrisonville,	Balto. Co.	Md.

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
June 12, 1952 m.		Ingested overdose of barbiturate

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐ suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Booth	Ass't. Medical Examiner	700 Fleet St.-Balto.2, Md.	6-12-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-14-52	Lynch Cemetery	Balto Co.	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/14/52	H.W. Pedrick	Hurst & Haight	Timonium Md

Dan

VS-115A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 65

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 REV. 1-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 2 mos. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) Unknown

3. NAME OF DECEASED. (Type or Print) (First) Charles (Middle) (Last) Blumke

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 1879

9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Yard

11 BIRTHPLACE (State or foreign country): Europe

12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Granke

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Spring Grove State Hospital Records Catonsville 28, Maryland

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cardio-respiratory failure	15 min.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Arteriosclerotic heart disease	Years
	DUE TO (c)	Generalized arteriosclerosis	Years

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Primary carcinoma of prostate — Unknown

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22- ,19 52, to 6-23- , 19 52, that I last saw the deceased alive on 6-23- , 19 52, and that death occurred at 11:50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Hermann Green M.D. ADDRESS Spring Grove State Hospital Catonsville 28, Md. DATE SIGNED 6-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal DATE THEREOF 7/2/52 NAME OF CEMETERY OR CREMATORY University Med School LOCATION (City, town, or county) (State) Baltimore Md

DATE REC'D BY LOCAL REGISTRAR 7/2/52 REGISTRAR'S SIGNATURE V. E. Harris 24 FUNERAL DIRECTOR Frances A Hennaley ADDRESS 578 W Fayette St

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

66

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct an... is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN — MARYLAND — LENGTH OF STAY (In this place) 2 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS Hereford Md

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Joppa Md — STREET ADDRESS (If rural, give location) Dunbutown Rd

3. NAME OF DECEASED (Type or Print): (First) DALE (Middle) E (Last) BOLT

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 19[illegible]

5. SEX: male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single — 8. DATE OF BIRTH: Oct 3 1930 — 9. AGE last birthday: 21 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Block Mason — 10b. KIND OF BUSINESS OR INDUSTRY: Employee Wise Bolt — 11. BIRTHPLACE (State or foreign country): Va — 12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Posie L. Bolt — 14. MOTHER'S MAIDEN NAME: Minnie Ada McPeake

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS: Mr Wise Bolt Magnolia Rd Joppa Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractured skull

821.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of right humerus + right femur

(c) Probable broken neck

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway — (CITY OR TOWN) Parkton — (COUNTY) Balto. — (STATE) Md

TIME (Month) (Day) (Year) (Hour) OF INJURY June 14 195[illegible] 6 pm. — INJURY OCCURRED While at work ☐ Not while at work ☒ — HOW DID INJURY OCCUR? Motorcycle accident

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection ✓, Inquiry __ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident ✓, suicide __, homicide __, undetermined __*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

E. M. Frame — M. D. — Parkton Md — 6/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/18/52 — NAME OF CEMETERY OR CREMATORY Maryland Memorial Park Cem — LOCATION (City, town, or county) Balto Md — (State)

DATE REC'D BY LOCAL REG. 6/18/52 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR — ADDRESS Sassaman Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Franke & Morris Avenues

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lutherville
STREET ADDRESS (If rural, give location): Franke & Morris Avenues

3. NAME OF DECEASED (Type or Print): (First) John W. (Middle) Bracco (Last)

4. DATE OF DEATH: (Month) June (Day) 24 (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): divorced

8. DATE OF BIRTH: May 26, 1880

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Civil Service

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Lloyd Bracco

14. MOTHER'S MAIDEN NAME: Ella Watkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Edward L. Bracco Salisbury, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Prostate. — 2 1 Mos.

177x Antecedent cause(s) (b) Metastasis to Lungs. — 20 Days

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Sept 1950

19b. MAJOR FINDINGS OF OPERATION: Ca of Prostate.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/21, 19 51, to 6/4, 19 52, that I last saw the deceased alive on 6/4, 19 52, and that death occurred at 12:45 p.m., from the causes and on the date stated above.

SIGNATURE: Kenneth A. Steen (Degree or title) M.D. ADDRESS: Lutherville DATE SIGNED: 6/4/52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE: 6 - 27 - 52 — NAME OF CEMETERY OR CREMATORY: Arlington National — LOCATION (City, town, or county) (State): Arlington, Va.

DATE REC'D BY LOCAL REG.: 6/25/52 — REGISTRAR'S SIGNATURE: R. W. Lockard Deputy

24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc. — ADDRESS: 1900 Eutaw Place Baltimore, Md.

M B Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY 629 E. Baltimore Street. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Pt. Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
STREET ADDRESS (If rural, give location) 629 E St.

3. NAME OF DECEASED (Type or Print): (First) Elizabeth (Middle) Brian (Last)

4. DATE OF DEATH (Month) June (Day) 3 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH March 23 1869

9. AGE last birthday 83 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Belmett

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Anna E. Linhart - 629 E. St. Sp. Pt.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio-sclerotic cardiovascular disease	10 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to June 3, 1952, that I last saw the deceased alive on June 3, 1952, and that death occurred at 12:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Robert E. Farber M.D. ADDRESS Sparrows Point, Md DATE SIGNED 6-3-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 6-6-1952

NAME OF CEMETERY OR CREMATORY Parkview Park

LOCATION (City, town, or county) (State) Balto Md.

DATE REC'D BY LOCAL REG. June 3 52

REGISTRAR'S SIGNATURE Dawson L. Harper

24. FUNERAL DIRECTOR J. C. Millspaw

ADDRESS 2481 Eastern Ave

RECEIVED
JUN 5 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; MARYLAND; LENGTH OF STAY (In this place) 14 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural, give location) Dulaney Valley Rd

3. NAME OF DECEASED (Type or Print): (First) JOSEPH (Middle) M. (Last) BRIAN III

4. DATE OF DEATH: (Month) JUNE (Day) 16 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Feb. 25, 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): MD

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Brian Jr.

14. MOTHER'S MAIDEN NAME: Susan Shine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiorespiratory failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 163.7 (b) fracture right hip

(c) senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: hospital

(CITY OR TOWN) Catonsville (COUNTY) Baltimore (STATE) Md

TIME OF INJURY (Month) 5 (Day) 25 (Year) 52 (Hour) 8 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Fell on floor dining room

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Herbert L. Klein M.D. (Degree or title) Chief Med. ADDRESS 1410 Eutaw Pl DATE SIGNED June 18 52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 6-19-52

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Brooklyn, A.A. Co., Md

DATE REC'D BY LOCAL REG.: 6-19

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: John O. Mitchell & Sons ADDRESS 1900 Eutaw Pl

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7C 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Owings Mills

LENGTH OF STAY (in this place): 7 mos.

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Rosewood St. Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Anne Arundel

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis

STREET ADDRESS (If rural, give location): 916 Poplar Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
William	Rosser	Brinkley	6	10	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	single	2-2-45	7 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
patient	none	Annapolis, Md.	U.S.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
William Rosser Brinkley	Lillian Carolyn Hagelin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no		Institution records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Bronchitis and pneumonia	3 days
085.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Measles	22 days
	DUE TO (c)	Schilders Disease	5 years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 19 51, to 6-10, 19 52, that I last saw the deceased alive on 6-10, 19 52, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

SIGNATURE H.S. Butler M.D. (DEGREE OR TITLE) ADDRESS Rosewood St. Tr. School DATE SIGNED 6-10-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	6-12-52	National	Annapolis Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 12, 1952	+ Mary Elaine	John M. Sayles Sons	Annapolis Md.

VS A15 8-51

RECEIVED
JUN 18 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 21 4X

MARGIN RESERVED FOR BINDING

PLEASE TYPE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-52

1. PLACE OF DEATH:

COUNTY: Baltimore — STATE: MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 30 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 362 Marydell Road

3. NAME OF DECEASED: (First) (Middle) (Last)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
WILLIAM R. BROLL	June 6 1952	Male	White	Married	Nov. 4, 1888	63 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Watchman	Glass Mfg.	Baltimore, Maryland	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Christian Broll	Margaret (MN Unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WWI	215-01-1612	Clin.Records, Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
540.0 Immediate cause	(a) PNEUMONIA, RIGHT LUNG GASTRIC AND	5 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) POST-OPERATIVE GASTRECTOMY FOR BLEEDING/DUODENAL ULCERS	5 days
	DUE TO (c) ARTERIOSCLEROTIC HYPERTENSIVE CARDIOVASCULAR DISEASE; RESIDUALS, RIGHT HEMAPARESIS	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC BRONCHITIS & PULMONARY EMPHYSEMA AORTIC STENOSIS

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
6/1/52	Gastrectomy for bleeding duodenal ulcer	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 7, 1952, to June 6, 1952, that I last saw the deceased alive on [illegible] 1952 and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE Joseph M. Miller (DEGREE OR TITLE) ADDRESS: JOSEPH M. MILLER, M.D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MD. DATE SIGNED: 6/6/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/10/52	Baltimore National Cemetery, Baltimore, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/9/52	A.W. Redmond	Wm. Tickner & Sons, North & Penna. Aves. Baltimore, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 6 2

PLEASE WRITE PLAINLY WITH PERMANENT BLACK INK. MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important: please write the causes of death clearly and legibly.

1. NAME OF DECEASED (Type or Print): EDGAR F. BROWN

2. DATE OF DEATH: June 24, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6505 Sherwood Rd.
C. Length of stay in Baltimore — Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 6505 Sherwood Rd.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
male	white	married	May 13, 1897	55		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
President	Stationery	Maryland	

13. FATHER'S NAME: Harry T. Brown

14. MOTHER'S MAIDEN NAME: Dora A. Depkin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
yes	World War No. I	

17. INFORMANT — ADDRESS: Mrs. Catherine H. Brown-6505 Sherwood Rd.

CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: One hour
DUE TO

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

22. *I hereby certify that I attended the deceased from* June 24, 1952, *to* June 24, 1952, *that I last saw the deceased alive on* June 24, 1952, *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Wm. L. Lund M. D.	11 E. Chase St.	6/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/26/52	Loudon Park Cem.	Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
JUN 24 1952	Huntington Williams, M.D.	Wm. J. Ichner & Sons	Balto. 17, Md.
6/25/52	Mabel C. Gray		

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 7 X 9

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 42 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3929 E. Pratt Street

3. NAME OF DECEASED (Type or Print): (First) FRANCESCO (Middle) (NMI) (Last) BRUNO

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 5-10-87

9. AGE last birthday: 65 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY: Bath-Steel

11. BIRTHPLACE (State or foreign country): Italy

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Bennett H. Bruno

14. MOTHER'S MAIDEN NAME: Demederia NN: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) BILATERAL BRONCHOPNEUMONIA	UNK.
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) COR PULMONALE WITH CARDIAC DECOMPENSATION	UNK.
	(c) BRONCHIAL ASTHMA	UNK.

241X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29 19 52, to June 10, 1952, ~~that I saw the deceased~~ ~~on the dates~~ ~~hereon~~, and that death occurred at 1:10 P. m., from the causes and on the date stated above.

SIGNATURE John J. Toma MD
JOHN J. TOMA M.D. (DEGREE OR TITLE)
ADDRESS VAH, FORT HOWARD, MARYLAND
DATE SIGNED 6-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 6-14-52
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/12/52
REGISTRAR'S SIGNATURE Dw. Hedrick
24. FUNERAL DIRECTOR: LILLY & ZEILER
ADDRESS: 1901-1907 Eastern Ave. Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River. LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Martin's D Bldg.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River, Balto Co
STREET ADDRESS (If rural, give location) 605 Rt. 14 Earls Rd.

3. NAME OF DECEASED (Type or Print): (First) Adam (Middle) J. (Last) Brzozowski.
4. DATE OF DEATH: (Month) June (Day) 11 (Year) 52
5. SEX: Male
6. COLOR OR RACE: White.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 9/12/1901
9. AGE (last birthday) 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): First Aid
10b. KIND OF BUSINESS OR INDUSTRY: Martin aircraft Co
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: —
14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Adam Brzozowski Balto Co Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — Minutes

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 6 11 1952 12:30 p.m. | INJURY OCCURRED While at work ☑ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or Title) ADDRESS DATE SIGNED

J. McLarmine M.D. Balto Co. Medical Examiner Dundalk 22 md. 6/14/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF 6/14/52 | NAME OF CEMETERY OR CREMATORY Greenlawn Cemetery | LOCATION (City, town, or county) (State) Columbus, Ohio

DATE REC'D BY LOCAL REG. June 12-1952 | REGISTRAR'S SIGNATURE Edith Hurley | 24. FUNERAL DIRECTOR Jenkins Funeral Home | ADDRESS 4451 Eclair Rd.

VS. A-1 (T)

RECEIVED
JUN 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; LENGTH OF STAY (in this place) 5 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Magdelena	Frasch	Burton	June	23	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	W		Dec. 16, 1880	71 yrs.	6	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Edgewood, Md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Colon Michel Frasch	Louisa Kramer	No	None	Wm. D. Burton, Hyde, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease with Decompensation	1 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 April, 1952, to 23 June, 1952, that I last saw the deceased alive on 6/20, 1952, and that death occurred at 5:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Lloyd F. Hudson M.D. — Fork Md. — 6/25/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 27 1952	Co Kesbury	Abingdon Harford Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 28-52	C. E. Arthur D. Registrar	Howard R. McComas & Son	Abingdon Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A7

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 Harrison Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural give location) 17 Harrison Ave

3. NAME OF DECEASED (Type or Print): (First) Vincent (Middle) Caluori (Last)

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: July 22 1880

9. AGE last birthday: 71 yrs. — If under 1 year: Months 10 Days 23 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tailor Retired

10b. KIND OF BUSINESS OR INDUSTRY: Tailor Shop

11. BIRTHPLACE (State or foreign country): S.Martino Campobasso Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Luigi N. Caluori

14. MOTHER'S MAIDEN NAME: Filomena Toschi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Filomena Caluori 17 Harrison Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X

Immediate cause (a) Carcinoma bladder — Interval between onset and death: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) with metastases

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 19 52 to June 15 19 52, that I last saw the deceased alive on June 15, 19 52, and that death occurred at 9 50 P.M., from the causes and on the date stated above.

SIGNATURE Joseph Ugucla (Degree or title) MD ADDRESS 424 Eastern Ave Baltimore 21, Md. DATE SIGNED 6/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF June 18 1952 | NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery | LOCATION (City, town, or county) (State) German Hill Rd. Balt.Md.

DATE RECD BY LOCAL REG. 6/17/52 | REGISTRAR'S SIGNATURE [illegible] DMR | 24. FUNERAL DIRECTOR Grant Dellinger | ADDRESS 322 S.High St.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06177

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY Parkville MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8620 Old Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 8620 Old Harford Road

3. NAME OF DECEASED (Type or Print): (First) JENNIE (Middle) E. (Last) CARROLL

4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 13, 1863

9. AGE last birthday: 89 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Howard County, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Alexander Esler

14. MOTHER'S MAIDEN NAME: Elizabeth Herald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Charles L. Carroll, 8620 Old Harfo

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1951, to June 15, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 11:42 A.m., from the causes and on the date stated above.

SIGNATURE Salem (Degree or title) M.D. ADDRESS 6217 Harford Rd DATE SIGNED 6/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: 6/18/52
NAME OF CEMETERY OR CREMATORY: St. John's Cem.
LOCATION (City, town, or county) (State): Ellicott City, Maryland

DATE REC'D BY LOCAL REG. 6/16/52
REGISTRAR'S SIGNATURE a w Helmick
24. FUNERAL DIRECTOR ADDRESS: Leonard J. Fuck, 5305 Harford Road.

VS-A15

Dr. E. J.Alessi

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY Balto. Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Garden Lane & Flower Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE Md. — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Halethorpe
STREET ADDRESS (If rural, give location) Garden Lane and Flower Ave.

3. NAME OF DECEASED (Type or Print) — (First) [illegible] — (Middle) E. — (Last) CAVEL
4. DATE OF DEATH — (Month) (Day) (Year) 19

5. SEX F
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH [illegible] 1, 1861
9. AGE last birthday 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME George Swann
14. MOTHER'S MAIDEN NAME Sarah Cornell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS Mr. I. F. Vacey - Andover Rd., [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Left cerebral hemorrhage - Rt complete hemiplegia — 24 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension — 10 yrs +
(c) Diabetes Mellitus — 10 yrs +

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 10 yrs +.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1947, 19..., to 6-16-52, 19..., that I last saw the deceased alive on 6-16-52, 19..., and that death occurred at 10:50 P. m.; from the causes and on the date stated above.

SIGNATURE J. Daugherty (Degree or title) M.D. — ADDRESS 642 Wash. Blvd — DATE SIGNED 6-17-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6-17-52 — NAME OF CEMETERY OR CREMATORY Glen Haven Mem. — LOCATION (City, town, or county) (State) A. M. Co., Md.

DATE REC'D BY LOCAL REG. 6/18/52 — REGISTRAR'S SIGNATURE [signature] — 24. FUNERAL DIRECTOR, ADDRESS Wm. J. Ichner & Sons Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.-

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sparks
LENGTH OF STAY (In this place) 7 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Stringtown Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sparks
STREET ADDRESS (If rural, give location) Stringtown Road

3. NAME OF DECEASED (Type or Print): (First) Joanne (Middle) Lee (Last) Cotiell

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 20 April 1952

9. AGE last birthday: yrs. — If under 1 year: Months — Days 20 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore City, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Morris Cotiell

14. MOTHER'S MAIDEN NAME: Pauline Bosley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: —

17. INFORMANT: Father - Morris Cotiell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Asphyxia about 6-7 AM — Interval between ONSET AND DEATH: few hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pronounced dead 8:10 AM

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) Walter Thomas Rees M.D — ADDRESS Cockeysville, Md — DATE SIGNED 10 June 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 11 June 1952 — NAME OF CEMETERY OR CREMATORY St. Josephs Cemetery — LOCATION (City, town, or county) Texas — (State) Md.

DATE REC'D BY LOCAL REG. 13 June 1952 — REGISTRAR'S SIGNATURE Anne Dermid Mac Rae

24. FUNERAL DIRECTOR L. Scott Brooks — ADDRESS Hereford Md

Dr. Rees came called

VS. A15A

RECEIVED
JUN 12 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2145 Lorraine Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
STREET ADDRESS (If rural, give location) 2145 Lorraine Ave.

3. NAME OF DECEASED (Type or Print): (First) LOUISA (Middle) A. (Last) COLBURN
4. DATE OF DEATH (Month) June (Day) 2, (Year) 1952

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH May 26, 1891
9. AGE last birthday 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Miller
14. MOTHER'S MAIDEN NAME Amelia Steffens

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT AND ADDRESS Mr. George W. Colburn 2145 Lorraine Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Terminal Bronchopneumonia	18 hrs.
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Metastatic carcinomatosis extensive	10 mths
	(c)	Primary carcinoma breast	1 yr ?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6/51
19b. MAJOR FINDINGS OF OPERATION Carcinoma breast
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) None
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1, 19 51, to 6/2, 19 52, that I last saw the deceased alive on 6/1, 19 52, and that death occurred at 7 40 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr Maurice Feldman L — ADDRESS 970 Reisterstown Rd. Pikesville 8 Md. — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/5/52 — NAME OF CEMETERY OR CREMATORY Loudon Pk. Cem. — LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/5/52 — REGISTRAR'S SIGNATURE a w Hanna

24. FUNERAL DIRECTOR — ADDRESS Wm. J. Ushers Sons Inc Baltimore Md

5

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Ballo. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Sparks Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Belfast Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Ballo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparks, Md Rural
STREET ADDRESS (If rural, give location) Belfast Rd

3. NAME OF DECEASED: (Type or Print) (First) Shadrach (Middle) Watson (Last) Cole

4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: March 27 1884

9. AGE last birthday: 68 69 yrs. IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Gen. Construction

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Shadrach Cole

14. MOTHER'S MAIDEN NAME: Jane Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 219-07-8654

17. INFORMANT & ADDRESS: Mrs Julia B. Cole, Sparks, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs.

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

334

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. none.

19a. DATE OF OPERATION: none.

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) No.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY none (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY none M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from 5-21, 1952, to 6-20, 1952, that I last saw the deceased alive on 6-19, 1952, and that death occurred at 12:10 m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

J. D. Caplan, M.D. Reisterstown, Md 6-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 6-23, 1952

NAME OF CEMETERY OR CREMATORY Black Rock

LOCATION (City, town, or county) (State) Butler, Balto Co. Md.

DATE REC'D BY LOCAL REG. 21 Jun 52

REGISTRAR'S SIGNATURE Anne Annie Fred MacRae

24. FUNERAL DIRECTOR J. Scott Brooks

ADDRESS Sparks, Md.

RECEIVED
JUN 24 1952
BUREAU V. &

Form 2 Fla. Crest Nursing Home-7-50-1 am3

52

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 50

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2yr. 4mo 10da.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore Catonsville
STREET ADDRESS (If rural, give location) No. other Spring Grove State Hosp

3. NAME OF DECEASED (Type or Print): (First) Elma (Middle) (Last) Compton

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): wid d.vcd

8. DATE OF BIRTH: 7/12/1860

9. AGE last birthday: 91 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Private w/fe

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Richard Willoby

14. MOTHER'S MAIDEN NAME: Sarah Lucy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Records, Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c) Fracture Lft hip (femur)

136.7

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital — (CITY OR TOWN): Catonsville — (COUNTY): Balto — (STATE): md

TIME OF INJURY (Month) (Day) (Year) (Hour): 2-28-52 7p m.

INJURY OCCURRED While at work ☐ Not while at work ☑

HOW DID INJURY OCCUR? Pushed down to floor by another patient

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Geo M Kieffer MD — (Degree or Title) — ADDRESS: 1010 Cathedral — DATE SIGNED: June 4, 52

23. BURIAL, (CREMATION) REMOVAL, (Specify): Burial — DATE THEREOF: 6/6/52 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county): Woodlawn — (State): Md.

DATE RECD BY LOCAL REG.: 6/5/52 — REGISTRAR'S SIGNATURE: A W Bedsel

24. FUNERAL DIRECTOR: Wm Cole Inc. — ADDRESS: 1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

By phone: Sent to Spring Grove from the Pine Crest Nursing Home (Lo. 3605)
7-8-52 ams

By phone: Pine Crest Nursing Home - Had been in various nursing homes - residence upon entry in Pine Crest was Maryland - no town. 7-8-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'83

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton | LENGTH OF STAY (In this place) 22yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4211 Fullerton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural give location) 4211 Fullerton Ave

3. NAME OF DECEASED (Type or Print): (First) Michaelangelo (Middle) (Last) Conti

4. DATE OF DEATH: (Month) June (Day) 2 (Year) 1952

5. SEX: Male | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married | 8. DATE OF BIRTH: Sept 13-1878 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer | 10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co | 11. BIRTHPLACE (State or foreign country): Italy | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Christangio F Conti | 14. MOTHER'S MAIDEN NAME: Vincenzia Ferrigno

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. 215-07-9398-A | 17. INFORMANT: Mrs. M. Conti 4211 Fullerton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive - Arteriosclerotic Heart Disease — 10 yrs.

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 2, 1949, to June 2, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: Adam Glewis | (Degree or title) M.D. | ADDRESS 6232 Belair Rd | DATE SIGNED June 3, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/6/52 | NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem | LOCATION (City, town, or county) Balto | (State) Md

DATE REC'D BY LOCAL REG. June 3-1952 | REGISTRAR'S SIGNATURE Mrs A. L. Reforsdw | 24. FUNERAL DIRECTOR Lassahn Funeral Home | ADDRESS 7401 Belair Rd

VS. A15

RECEIVED
JUN 5 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

84

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson — LENGTH OF STAY (in this place): ------
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6503 Beechwood Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Towson
STREET ADDRESS (If rural give location): 6503 Beechwood Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) G (Last) Cooney

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 20, 1863

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Bray

14. MOTHER'S MAIDEN NAME: Ann Grieves

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ------ (If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO. ------

17. INFORMANT: Mrs Alice Barham 6503 Beechwood Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Thrombosis Coronary	1 hr.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cardio Vascular disease	6 mo
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1952, to June 16, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 6:05 A.m., from the causes and on the date stated above.

SIGNATURE: Dr Earle M Thom (Degree or title) — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/18/52 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 6/16/52 — REGISTRAR'S SIGNATURE: a w Hedrick — 24. FUNERAL DIRECTOR: John A. Moran — ADDRESS: 3000 E. Balto. St.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Annapolis
STREET ADDRESS (If rural give location) U.S. Naval Sta Station

3. NAME OF DECEASED: (Type or Print) (First) Sally (Middle) L. (Last) Crandell

4. DATE OF DEATH: (Month) Jan (Day) 28 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Apr. 8, 1865

9. AGE last birthday: 87 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): house wife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Thomas Howes

14. MOTHER'S MAIDEN NAME: Molly Sherbert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause (a)	Acute cardio respiratory failure	3 hrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	yrs.
DUE TO (c)	Generalized arteriosclerosis	yrs.

4200

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Senile arteriosclerotic nephrosclerosis

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 2, 1952 to Jan 28, 1952 that I last saw the deceased alive on Jan 28, 1952 and that death occurred at 10:20 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B. Heymann-Green M.D. — ADDRESS Spring Grove State Hosp Catonsville 28 Md — DATE SIGNED Jan 28-52

23. BURIAL, ~~CREMATION~~, REMOVAL (Specify) — DATE THEREOF 2-1-1952 — NAME OF CEMETERY OR CREMATORY Cedar Bluff — LOCATION (City, town or county) Annapolis (State) Md

DATE REC'D BY LOCAL REGISTRAR June 30, 1952 — REGISTRAR'S SIGNATURE ~~J. Prentiss~~ Victor Harry — **24. FUNERAL DIRECTOR** John M. Taylor & Son — ADDRESS Annapolis, Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

Item 2 ByPhone-Presby.Home 7-8-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): Presbyterian Home

3. NAME OF DECEASED (Type or Print): (First) Ella (Middle) (Last) Crawford

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: 6 - 14 - 58

9. AGE last birthday: 93 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: William Crawford

14. MOTHER'S MAIDEN NAME: Mary Trimble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Records, Presbyterian Home - Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bullous Dermatitis	5 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senility	15 yrs.
	(c)	

11. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): none — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ..., 19..., to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 5 00 p.m., from the causes and on the date stated above.

SIGNATURE: A. S. Chalfant M.D. (Degree or title) — ADDRESS: 6210 York Road — DATE SIGNED: June 8 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6 - 9 - 52 — NAME OF CEMETERY OR CREMATORY: Greenmount — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/9/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: John O. Mitchell & Sons, Inc.-1900 — ADDRESS: Eutaw Place Baltimore

[signature] John O. Mitchell

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 10 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1640 Light Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day)	(Year)
FRED	C.	CROWLEY	June 9	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	7-31-81	70 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Paper Hanger		Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Frederick Crowley	Mary Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
521X Immediate cause	(a) ABSCESS OF LEFT LUNG	UNKNOWN
	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death: CORONARY ARTERY OCCLUSION — UNKNOWN

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 30, 1952, to June 9, 1952, that I last saw the deceased [illegible] and that death occurred at 4:45 P. m., from the causes and on the date stated above.

SIGNATURE: [signature] (DEGREE OR TITLE) ADDRESS: M. D., VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-10-52

23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-13-1952	Mt. Olivet Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/11/52	[signature]	Richard C. Fleming	1426 Light Street, Baltimore, Maryland

VS. A15 8-51

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall; LENGTH OF STAY (In this place) 14 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Garrett Road.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - White Hall; STREET ADDRESS (If rural, give location) Garrett Road.

3. NAME OF DECEASED (Type or Print): (First) Maude (Middle) L. (Last) Cummings.

4. DATE OF DEATH: (Month) June (Day) 21, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 19 1888

9. AGE last birthday: 63 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Benfer Springs Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Miller

14. MOTHER'S MAIDEN NAME: Margaret Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Wm. J. Cummings, White Hall, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) H. M. Frame M.D. ADDRESS Parkton Md DATE SIGNED 6/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial; DATE THEREOF June 24 1952; NAME OF CEMETERY OR CREMATORY Vernon Cemetery; LOCATION (City, town, or county) White Hall; (State) Md.

DATE REC'D BY LOCAL REG. 6/23/52; REGISTRAR'S SIGNATURE Leheste L Faulton

24. FUNERAL DIRECTOR Jacob Hartenstein; ADDRESS New Freedom Pa.

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Somerset; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dunkirk Rt; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE; COUNTY: St Paul's Lenox Pkwy Forest; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore Md; STREET ADDRESS (If rural, give location): St Paul & Lenox Pkwy Forest

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Edna	Marie	Lindsay	June	11	52 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
F	W	Widow		62 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Baltimore Md	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm L Lenox Egan	Annie Keyser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Self

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Dissecting Aneurism of Aorta	10 hrs.
442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardiovascular-Renal Disease	
	(c)	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct, 19[illegible], to June 11, 1952, that I last saw the deceased alive on June 11, 1952, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
J. Circelli-Bozzuto M.D.	501 York Rd Towson Md	6/11/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/14/52	Carroll Lawn	Rt 1 Sykesville Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/13/52	Mrs Pearl Dove	J J Young & Son	1218 Eutaw Pl

VS. A17

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
LENGTH OF STAY (In this place) 9 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashland Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Timonium until 9 days ago
STREET ADDRESS (If rural, give location) York Rd

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Cannell (Last) Denison Jr.
4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952
5. SEX M
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Sept 19 1913
9. AGE last birthday 38 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY home farm
11. BIRTHPLACE (State or foreign country) Balto. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Chas Carroll Denison
14. MOTHER'S MAIDEN NAME Elizabeth Pr. Cromwell
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Elizabeth L. Lindell Same.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchopneumonia — 3 days

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic encephalitis — 20 years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1952, to June, 1952, that I last saw the deceased alive on June 29, 1952 and that death occurred at 6:15 p.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Elizabeth B. Shmidt M.D. Cockeysville, Md. 6/29/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 1st 52
NAME OF CEMETERY OR CREMATORY Green Mount
LOCATION (City, town, or county) (State) Balto. Md

DATE REC'D BY LOCAL REG. 7/1/52
REGISTRAR'S SIGNATURE A W Bedinger
24. FUNERAL DIRECTOR H. H. Jenkins Sons & 4925 York Rd ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (In this place) 5 0 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8122 CORNWALL RD

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 8122 CORNWALL RD

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) DHONT

4. DATE OF DEATH: (Month) JUNE (Day) 24 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOW

8. DATE OF BIRTH: SEPT 14-1878

9. AGE Last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): DECK HAND

10b. KIND OF BUSINESS OR INDUSTRY: TUG BOATS

11. BIRTHPLACE (State or foreign country): BELGIUM

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: WILLIAM DHONT

14. MOTHER'S MAIDEN NAME: ELIZABETH ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS ELIZABETH HARDSCHLIEGEL 8122 CORNWALL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Myocarditis

(c)

INTERVAL BETWEEN ONSET AND DEATH: 5y

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Dep. Asst. Exam. — Dundalk 6/24/52

23. BURIAL, CREMATION REMOVAL (Specify): REMOVAL
DATE THEREOF: JUNE 25 1952
NAME OF CEMETERY OR CREMATORY: WOODLAWN
LOCATION (City, town, or county) (State): NEW YORK CITY N.Y.

DATE REC'D BY LOCAL REG. 6/25/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: ULLRICH FUNERAL HOME
ADDRESS: DUNDALK MD

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harlem Lodge

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cub Hill
STREET ADDRESS (If rural, give location) Harford Road

3. NAME OF DECEASED (Type or Print): (First) JACOB (Middle) C. (Last) DINNIS

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 16, 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Poultryman

10b. KIND OF BUSINESS OR INDUSTRY: Retail - self

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Dinnis

14. MOTHER'S MAIDEN NAME: Emma Tuttle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Grace L. Dinnis, Towson, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARDIAC FAILURE — 1 day

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ARTERIOSCLEROSIS, GENERALISED — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. ARGYRIA - GENERALISED — YEARS

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1952 to 6/20, 1952 that I last saw the deceased alive on 6/19, 1952 and that death occurred at 4:00 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. Williamson M.D. ADDRESS: 3534 Edmondson (29) DATE SIGNED: 6/21/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: June 24, 1952 | NAME OF CEMETERY OR CREMATORY: Balto. National Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 6/25/52 | REGISTRAR'S SIGNATURE: T. E. Barry

24. FUNERAL DIRECTOR: John Burns' Sons, Towson, Md. ADDRESS

RECEIVED
JUN 26 1952
BUREAU V. S.

Items 13, 14 FilmG144 6/25/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06092

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 8203 DUNDALK AV

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 8203 DUNDALK AVE

3. NAME OF DECEASED (Type or Print) (First) SYLVESTER (Middle) A. (Last) DONEGAN

4. DATE OF DEATH (Month) JUNE (Day) 22 (Year) 1952

5. SEX MALE

6. COLOR OR RACE WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED

8. DATE OF BIRTH April 8 1891

9. AGE last birthday 61 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LOCKER ROOM ATTENDANT

10b. KIND OF BUSINESS OR INDUSTRY STEEL CO

11. BIRTHPLACE (State or foreign country) PENNA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Dennis Donegan

14. MOTHER'S MAIDEN NAME Mary Ratchford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT JAMES P. PRENGER 707 WILLOWDALE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) 422.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Old Posterior Wall Infarction — Nov. 26, 51

(c) Myocardial Damage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 26, 19 51 to June 22, 1952, that I last saw the deceased alive on June 22, 1952 and that death occurred at 3:15 p.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Eugene F. Neary M.D. Dundalk 22, Md 6-23-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE June 24 52

NAME OF CEMETERY OR CREMATORY Holy Redeemer

LOCATION (City, town, or county) (State) Balto

DATE REC'D BY LOCAL REG. 6/23/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS

Wm. J. Horn 2112 Dundalk Ave

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

93

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 2 Edmondson Ridge Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 2 Edmondson Ridge Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) E. (Last) DOVE

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 21/72--80 yrs.

9. AGE last birthday: If under 1 year Months / Days; If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. wife.

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Humm

14. MOTHER'S MAIDEN NAME: Jane R. Renner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Rebecca Downing, 2 Edmondson Ridge Rd. Catonsville

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Right Hemiplegia.	May 25-Jun 16
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetes mellitus.	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 19 52, to June 16, 19 52, that I last saw the deceased alive on June 15, 19 52, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Shannon MD. ADDRESS 520 medical Arts Bldg DATE SIGNED 6/17/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF June 19/52; NAME OF CEMETERY OR CREMATORY Loudon Pk.; LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REG. 6/18/52; REGISTRAR'S SIGNATURE Gent

24. FUNERAL DIRECTOR Harry F. Luntz Jr. ADDRESS 4101 Edmondson Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

94

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTO — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS DUNDALK BATHING BEACH

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 6711 WOODLEY Rd.

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) WILLIAM (Last) DOWDY
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	SINGLE	25 APRIL, 1936	16 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
STOCK SORTER	SHOE MFGR.	UNION, W. VA.	U.S.A.

13. FATHER'S NAME: JOHN B. DOWDY
14. MOTHER'S MAIDEN NAME: JUANITA B. McDONALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO — No
16. SOCIAL SECURITY NO.: 212-32-9865
17. INFORMANT: CHAS. B. DOWDY, FATHER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

421.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
6-29-52 5:00 P.M.		Bathing at beach to swim

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

[illegible] MD — Dundalk, Md. — 6/30/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR ~~CREMATORY~~	LOCATION (City, town, or county) (State)
BURIAL	7-3-52	McDONALD	KINGSIDE, W. VA.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 30-1952	William M. Kelly	Walter Brooks	Bradley, Dundalk, Md.

VS. A15A

UL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Randallstown
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Westminster
STREET ADDRESS (If rural, give location): 86 W. Main Street

3. NAME OF DECEASED (Type or Print): (First) NORMAN (Middle) (Last) ECKARD
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April, 16, 01
9. AGE last birthday: 51 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: City Dam
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clarence L. Eckard
14. MOTHER'S MAIDEN NAME: Rosa Cler
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 15-09-4941
17. INFORMANT: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myocardial infarct

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V. Lovett (Degree or title) ADDRESS: Baltimore, Maryland DATE SIGNED: June 17, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): B. | DATE THEREOF: 6-20-52 | NAME OF CEMETERY OR CREMATORY: Lutheran Cem. | LOCATION (City, town, or county) (State): Taneytown, Md

DATE REC'D BY LOCAL REG. 6-18-52 | REGISTRAR'S SIGNATURE: Mary D. Cline. | 24. FUNERAL DIRECTOR ADDRESS: C.C. Fuss & Son, Taneytown, Md.

VS-A15A

RECEIVED
JUN 24 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 8 yr 11 months; HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 5 King Ct.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) (Last) Egolf

4. DATE OF DEATH: (Month) Jne (Day) 26 (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: Sept 25 1870

9. AGE Last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Operating

11. BIRTHPLACE (State or foreign country): Penna

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph Harrison Egolf

14. MOTHER'S MAIDEN NAME: Margaret Huston

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk (If yes, give war or dates of service)

16. SOCIAL SECURITY No. unk.

17. INFORMANT AND ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure (acute)

450.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Generalized arteriosclerosis

(c) Gangrene Left foot

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Right leg amputated 1946 for gangrene foot

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection __, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident __, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Jer. M. Kieffer M.D. Hospital Md. Baltimore 1010 Fendall Ave June 26 52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 6/30/52

NAME OF CEMETERY OR CREMATORY: University of Md. School

LOCATION (City, town, or county) (State): Balto City, Md.

DATE REC'D BY LOCAL REG.: 6-30-52

REGISTRAR'S SIGNATURE: V. E. Harris

24. FUNERAL DIRECTOR: Frances A. Hemsley

ADDRESS: 5 E. Biddle St.

RECEIVED
JUL 2 1952
BUREAU OF P. S.

VS. A16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 44

1. PLACE OF DEATH: COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 906 F St.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sparrows Point
	STREET ADDRESS 906 F St. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHANNA (Jennie)	M.	EISENBERGER		June	28,	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
female	white	Widowed	Oct. 12, 1864	87 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saleslady (rtd)	Department Store	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- Meyers	Mary --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
-no			Mr. Arthur H. Eisenberger - 906 F St. Sparrows Pt., Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cardio - respiratory failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio - sclerotic cardio - vascular disease	indefinite
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-1, 1952, to 6-28, 1952, that I last saw the deceased alive on 6-27, 1952, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert E. Farber	M.D.	Sparrows Point, Md	6-29-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7/1/52	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 28 52	Dawson L. Farber	Wm. J. Eichner & Sons	Balto 17, Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 48 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 18 Victoria Road

3. NAME OF DECEASED: (Type or Print) (First) HAROLD (Middle) M. (Last) EISENHAUER

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 1-18-13

9. AGE last birthday: 39 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drill Press Operator

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berwick, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Robert Eisenhauer

14. MOTHER'S MAIDEN NAME: Harriet Heintzelman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEMOTHORAX, DUE TO OPERATION FOR REMOVAL OF LUNG — 24 hours
DUE TO CYSTS

212X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-6-52 / 8-9-52

19b. MAJOR FINDINGS OF OPERATION: Excision of cysts, right lung / Excision of cysts, left lung

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23 1952, to June 10, 1952, that I last saw the deceased on [illegible] and that death occurred at 5:15 A. m., from the causes and on the date stated above.

SIGNATURE WILLIAM B. VANDEGRIFT, M. D. (DEGREE OR TITLE) ADDRESS VAH, FORT HOWARD, MARYLAND — DATE SIGNED 6-10-52

23. BURIAL, CREMATION REMOVAL (Specify): Rem Ver

DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State): Berwick, Pennsylvania

DATE RECD BY LOCAL REG. 6/10/52 — REGISTRAR'S SIGNATURE [signature] — 8 a.m. m.

24. FUNERAL DIRECTOR — ADDRESS: Jan Fabian Funeral Home, 230 W. 2nd. Street, Berwick, Pennsylvania

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 99

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgemere
STREET ADDRESS (If rural give location) 7419 Old North Point Road

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) W C (Last) Evans
4. DATE OF DEATH (Month) June (Day) 20 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH Dec 18 1877
9. AGE last birthday 74 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Clothing Designer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Taylor Evans
14. MOTHER'S MAIDEN NAME Elizabeth Aburns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mrs Minnie Evans 7419 Old North Point Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Vascular Thrombosis — 10 days
443 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis Gen. — ? Yrs.
(c) Hypertensive Cardiovascular — ? Yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 19 52 to June 20 19 52 that I last saw the deceased alive on June 19, 19 52 and that death occurred at 9 a m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) MD ADDRESS 5-20 DSH DATE SIGNED 6-21-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 23 1952
NAME OF CEMETERY OR CREMATORY Oak Lawn
LOCATION (City, town, or county) (State) Baltimore Co Md

DATE REC'D BY LOCAL REG. 6/23/52
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR ADDRESS Ullrich Funeral Home 2112 Dundalk Ave 22 Md.

5260 - STEEL

5/

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 061-16

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Essex
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 507 Franklin ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 507 Franklin Ave.

3. NAME OF DECEASED: (Type or Print) (First) Cecelia (Middle) M (Last) Felbinger

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 20 - 1887

9. AGE last birthday: 64 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: at Home

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? —

13. FATHER'S NAME: William Meehan

14. MOTHER'S MAIDEN NAME: Mary McLynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: —

17. INFORMANT'S ADDRESS: Marie C Dimmel (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) [illegible] DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) [illegible] DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/7, 1952, to 6/9, 1952, that I last saw the deceased alive on 6/8, 1952, and that death occurred at 3:30 m., from the causes and on the date stated above.

SIGNATURE [illegible] (DEGREE OR TITLE) M.D. ADDRESS 39 E Allen St DATE SIGNED 6/11/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 9/13/52

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) (State) Vernon Hill Rd. Md.

DATE RECD BY LOCAL REG. 6/11/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR John J Connelly. ADDRESS Essex Md.

VS. A15 8-51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 816 E. Joppa Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 816 E. Joppa Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) MILLER (Last) FERGUSON

4. DATE OF DEATH: (Month) June. (Day) 8, (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 25, 1890

9. AGE last birthday: 61 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: Steel

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Ferguson

14. MOTHER'S MAIDEN NAME: Margaret Wilson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --- (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT AND ADDRESS: Mr. J. M. Ferguson-501 Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, chronic myocarditis with acute congestive failure — Interval between onset and death: 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Asthma, bronchial — 6 yrs

2411 X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to June 8, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 11:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin L. Hudson M.D. ADDRESS Towson, Md. DATE SIGNED 6/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 6/11/52 — NAME OF CEMETERY OR CREMATORY David Ridge — LOCATION (City, town, or county) Pikesville (State) Md.

DATE REC'D BY LOCAL REG. 6/9/52 — REGISTRAR'S SIGNATURE [illegible] — 24. FUNERAL DIRECTOR Wm. J. Schaefer & Sons — ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 102

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 17 yrs 8 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 113 S. Pada St

3. NAME OF DECEASED: (Type or Print) (First) George (Middle) N. (Last) Flack

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-7-1874

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Glass factory

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Flack

14. MOTHER'S MAIDEN NAME: Pauline XXXXXX Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Cardio-respiratory failure	15 min
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. 420.0	DUE TO (b)	Arteriosclerotic Heart Disease	Years
	DUE TO (c)	Generalized Arteriosclerosis	Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
Inflammatory lesion, rt upper lung field — 2 months
Psychosis with cerebral arteriosclerosis — 17 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August 10, 1951 to 6-28, 19 52, that I last saw the deceased alive on 6-28, 19 52, and that death occurred at 9:40pm, from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. A. Rinn M.D.
ADDRESS: Spring Grove Hospital, Catonsville, Md.
DATE SIGNED: 6-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/2/52
NAME OF CEMETERY OR CREMATORY: Holy Redeemer
LOCATION (City, town, or county) (State): Balto. Md

DATE REC'D BY LOCAL REGISTRAR: 7-1
REGISTRAR'S SIGNATURE: LR

24. FUNERAL DIRECTOR ADDRESS: Wm Cook Inc. 217 St. Paul st.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto; LENGTH OF STAY (In this place) 1 year; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5 W. Dale Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aspeburg; STREET ADDRESS (If rural give location) 5 W Dale Ave

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) C. (Last) Forrest

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 21 1873

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mathews Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Isaac H. Hudgins

14. MOTHER'S MAIDEN NAME: Julia Callis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Clara Morgan - Diggs Va

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Myocardial Insufficiency	2 weeks
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocardial Disease	2 yrs.
	(c) Arterio-Sclerosis	5 yrs.

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1, 19 52, to May 1, 19 52, that I last saw the deceased alive on May 31, 19 52, and that death occurred at 7:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elliott Beecher ADDRESS 100 Overlawn DATE SIGNED 6/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 3-1952

NAME OF CEMETERY OR CREMATORY: Milford Mem

LOCATION (City, town, or county) (State): Mathews Va

DATE REC'D BY LOCAL REGISTRAR: JUN 1 - 1952

REGISTRAR'S SIGNATURE: Huntington Williams, M.D. A.S. Pettenger

24. FUNERAL DIRECTOR: Pratt & Stuckey ADDRESS: B.M. Walker

COPY SENT TO LOCAL REGISTRAR No. CHO DATE 6-3-52

RECEIVED
JUN 3, 1952
BUREAU OF V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V8. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (in this place) 12 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 801 WISE AVE.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 801 WISE AVE.

3. NAME OF DECEASED (Type or Print): (First) CHRIS (Middle) — (Last) FOSTER

4. DATE OF DEATH: (Month) 6 (Day) 9 (Year) 19 52

5. SEX: M. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): MARRIED | 8. DATE OF BIRTH: 2-24-1874 | 9. AGE last birthday: 78 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY: PUBLIC BLDG.
11. BIRTHPLACE (State or foreign country): GERMANY
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 212-09-0378
17. INFORMANT AND ADDRESS: HAN. FOSTER - 801 WISE AVE.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
180X	Immediate cause	(a) Carcinoma right Kidney	15 mos.
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocarditis, Chronic	6 yrs.
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 51, to June 9th, 19 52, that I last saw the deceased alive on June 1, 19 52, and that death occurred at 1:50 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] June 11, 1952

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 6-12-52 | NAME OF CEMETERY OR CREMATORY: OAK LAWN | LOCATION (City, town, or county) (State): BALTO. CO. MD.

DATE REC'D BY LOCAL REG.: June 10-1952 | REGISTRAR'S SIGNATURE: William M. Kelly Jr. | 24. FUNERAL DIRECTOR: [illegible] Lucke Funeral Home, Dundalk, Md. | ADDRESS

RECEIVED
JUN 11 1952
BUREAU V. S

78-3-15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 15

1. PLACE OF DEATH:

County: Baltimore

City or town: Reisterstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 hours

Hospital institution, or street address where death occurred: Gut. Pleasant Sanatorium

How long in hospital or institution? 30 hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Baltimore City

City or town: Baltimore

(If outside city or town limits, write RURAL and give nearest town)

Street No. 4111 Ridgewood Road

(If rural, give LOCATION)

2.(a) If veteran, name war . . . . . ✓

3.(a) FULL NAME: Leon Frieman

3.(b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Sophie Frieman

6.(c) If alive, give age: 46 years

7. Birth date of deceased (mo., day, yr.): May 15, 1900

8. AGE: Years: 52 Months: 1 Days: 10 If less than one day: . . . hrs. . . . min

9. Birthplace: Baltimore Md. (Town, county, and state)

10. Usual occupation: Grocerymen

11. Industry or business:

MOTHER FATHER

12. Name: Louis Frieman

13. Birthplace: Russia

14. Maiden name: Sobie Block

15. Birthplace: Russia

16. Informant: Sophie Frieman

Address: 4111 Ridgewood Rd

17. Burial (Burial, cremation, or removal, which?) Date thereof: 6-26-52 (month) (day) (year)

Cemetery or crematory: Rosedale

Location: Hamilton Ave

18. Funeral director: Jack Lewis Inc

Address: 2100 Eutaw Place

19. 6/26 1952 R.W. Hedrick Registrar

(Date received by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 25 1952 at 6 30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 24 1952 to June 25 1952 and that I last saw him alive on June 25 1952

	DURATION
Immediate cause of death: Myocardial Failure	
Due to: Lymphosarcoma	2 months
Due to:	
Other conditions: 202.1 (Include pregnancy within 3 months of death)	

Major findings of operations: . . . . . Date of op. . . .

Autopsy results: . . . . .

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: . . . . . Date of . . . . .

Where did injury occur? . . . . . (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) . . . . .

Means of injury: . . . . . Injured at work? . . .

23. SIGNATURE: C. Rudner M.D. M. D. or other

Address: Reisterstown Md Date signed: 6-25-52

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Do not omit any item if you can obtain or supply it. Physician: please write the causes of death clearly and legibly.

VS A15 (Rev. 15M)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradshaw — MARYLAND — LENGTH OF STAY (In this place): 10 yrs. — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Philadelphia Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. — COUNTY: Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bradshaw — STREET ADDRESS (If rural give location): Philadelphia Road

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) (Last) GANTER

4. DATE OF DEATH: (Month) June (Day) 26th, (Year) 1952

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 7, 1867

9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Redding, Pa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Augustus Whitman

14. MOTHER'S MAIDEN NAME: Ellen Wunder

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Cerebral Thrombosis — Interval between onset and death: 36 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — (b): Hypertensive Cardiovascular Disease — 13 yrs.

(c):

44 9X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19 June, 1952, to 26 June, 1952, that I last saw the deceased alive on 26 June, 1952, and that death occurred at 1:06 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Clifford F. Hudson, M.D. Fork, Md. 6/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): burial — DATE THEREOF: July 1, 1952 — NAME OF CEMETERY OR CREMATORY: Charles Evans Cemetery — LOCATION (City, town, or county) (State): Berks Co., Pa.

DATE REC'D BY LOCAL REG.: 6/28/52 — REGISTRAR'S SIGNATURE: W M Hammett — 24. FUNERAL DIRECTOR: Reading Funeral Home — ADDRESS: 7401 Belair Rd.

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard

LENGTH OF STAY (in this place) 60 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 31 East Hill Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
GUY	F.	GARNER	June	6	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 9, 1896	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Chauffeur	Transfer Co.	Clearfield Cty., Penna.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry Garner	Vessie Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WWI	Unknown	Clin. Records, Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

592 X

Immediate cause (a) CHRONIC NEPHRITIS — INTERVAL BETWEEN ONSET AND DEATH: Unknown

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

VA

22. I hereby certify that I attended the deceased from Apr. 7, 19 52, to June 6, 19 52, that I last saw the deceased alive on [illegible] 19[illegible], and that death occurred at 3:30 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS DATE SIGNED

WILLIAM [illegible] M.D. VAH, FORT HOWARD, MARYLAND 6/6/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/10/52	Baltimore National Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6/6/52	[signature]	Wm. Cook Funeral Home, Preston St. Paul Sts Baltimore, Md.

8-51

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 51 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 6626 O'Donnell Street

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
	JOSEPH	(NMI)	GAST	June	24	19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	3-1-01	51 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Enamel Worker	Enamel Works	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Gast	Margaret Geiger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes	WW II	324-09-2377	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) METASTATIC CARCINOMA, LESION ORIGINATING IN THE	UNKNOWN
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO STOMACH	
	(b) DUE TO	
	(c)	

15 1X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 4, 19 52, to June 24, 19 52, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 7:20 A.M., from the causes and on the date stated above.

SIGNATURE: I. Freeman — DEGREE OR TITLE: ADDRESS — DATE SIGNED: 6-24-52

I. FREEMAN, M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-26-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR — ADDRESS
6/25/52	Mildred T. Blight	Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 2 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 876 W. Lombard St.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) (Last) Gelozela

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 2/12/1873

9. AGE last birthday: 78 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber

10b. KIND OF BUSINESS OR INDUSTRY: Self.

11. BIRTHPLACE (State or foreign country): Lithuania

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Peter Gelozela

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Agatha M. Woodruff 876 W. Lombard St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho pneumonia, terminal	1 week
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive heart disease with decompensation	1 year
44 X	(c) Generalized Arteriosclerosis	5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to June 10, 1952, that I last saw the deceased alive on June 10, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Randolph H. Spitzberg, M.D. — ADDRESS: 5010 Dennison Ave. Baltimore 15, — DATE SIGNED: June 10, 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 6/13/52 — NAME OF CEMETERY OR CREMATORY: Meadowridge Mem. Pk. — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG.: 6/10/52 — REGISTRAR'S SIGNATURE: A. W. Kidwell — 24. FUNERAL DIRECTOR: John J. Cowan & Son — ADDRESS: 1201 Holbrook St.

Item 18 Film G144 7-7-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH- COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 2 mo 18 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED- STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2839 Frederick Rd.

3. NAME OF DECEASED (Type or Print): (First) Annie (Middle) (Last) German
4. DATE OF DEATH: (Month) June (Day) 30 (Year) 19[illegible]

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH:
9. AGE last birthday: about 82 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY: never worked
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Michael F. German
14. MOTHER'S MAIDEN NAME: Mary F. Wroten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Records Spring Grove State Hospital Catonsville 28, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Arteriosclerosis - Pending Senility
(c) Fracture of right hip - Accident

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.): Hospital | (CITY OR TOWN): Catonsville | (COUNTY): Baltimore | (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6-14-52 7-45 a m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Had a fall while going to toilet

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Chas. F. McClintock M.D. Attending Physician — ADDRESS: Baltimore 1010 Leadenhall — DATE SIGNED: June 30 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 7/2/52 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel Cem. | LOCATION (City, town, or county) (State): Balto., Md.

DATE REC'D BY LOCAL REG.: 7/1/52 | REGISTRAR'S SIGNATURE: A W Redmond | 24. FUNERAL DIRECTOR: Wm. J. Eichner & Sons | ADDRESS: Balto 17, Md.

VS. A15A (1-1)

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

M

I

VS-A15

1. PLACE OF DEATH: COUNTY: BALTO — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: TOWSON — LENGTH OF STAY (in this place): 11mo. 5days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SHEPPARD-PRATT Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: PA — COUNTY: Fayette
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: UNIONTOWN
STREET ADDRESS (If rural, give location): W/C Fetland & Dum Rd.

3. NAME OF DECEASED (Type or Print): (First) GUY (Middle) BEALL (Last) GILMORE
4. DATE OF DEATH: (Month) JUNE (Day) 25 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER
8. DATE OF BIRTH: Sept. 12, 1875
9. AGE last birthday: 77 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Coal operator
10b. KIND OF BUSINESS OR INDUSTRY: -Coal-
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY?: U.S.
13. FATHER'S NAME: John GILMORE
14. MOTHER'S MAIDEN NAME: MARY BEALL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NO
16. SOCIAL SECURITY No.: NONE
17. INFORMANT AND ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Broncho pneumonia	2 days
4 - 1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized Arteriosclerosis	11 mos. +
	(c) Chronic Myocardial Degeneration	11 mos. +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senile Psychosis	11 mos. +

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951 to June 25, 1952 that I last saw the deceased alive on June 25, 1952 and that death occurred at 6.30 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. W. Elgin M.D. — ADDRESS: THE SHEPPARD & ENOCH PRATT HOSPITAL Towson, Md. — DATE SIGNED: 6/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 28 52 — NAME OF CEMETERY OR CREMATORY: Oak Grove — LOCATION (City, town, or county) (State): Elmont Fayette Co Pa

DATE REC'D BY LOCAL REG.: 6/26/52 — REGISTRAR'S SIGNATURE: H. W. Redding Dpty — 24. FUNERAL DIRECTOR — ADDRESS: Stewart Mortuary - Belmont

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville | LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Noah Offutt Convalescent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural, give location) St. James apts. Charles St.

3. NAME OF DECEASED (Type or Print): (First) Aaron (Middle) M (Last) Goldsmith
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	9 September 1870	81 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MERCHANT	Music Box	Baltimore, Maryland	USA

13. FATHER'S NAME: Samuel Goldsmith
14. MOTHER'S MAIDEN NAME: Amanda Wurtzberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Gussye Goldsmith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Vascular Accident	2 days
2214 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generaland Cerebral Arteriosclerosis	1 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from February, 1949, to 20 June, 1952, that I last saw the deceased alive on 20 June, 1952, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Walter T. Rees	M.D.	Cockeysville, Md.	21 Jun

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 23, 1952	Hebrew Friendship	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
21 June 1954	Irma Mildred MacRae	David R. Martin	1902 E. Fayette Place Baltimore, Md.

RECEIVED
JUN 24 19
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. (ALS)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

1. PLACE OF DEATH
COUNTY Overlea
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 119 Elinor Ave.

3. NAME OF DECEASED (Type or Print) (First) Antoni (Middle) Anthony (Last) Gorski

4. DATE OF DEATH (Month) June (Day) 10 (Year) /52 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH

9. AGE Last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY Laborer

11. BIRTHPLACE (State or foreign country) Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unk.

14. MOTHER'S MAIDEN NAME Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Helen Klos 119 Elinor Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion.	several
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardio vascular disease.	hours.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/29/., 19.52, to 6/10/., 19.52, that I last saw the deceased alive on 6/8/52., 19....., and that death occurred at 3 P.m., from the causes and on the date stated above.

SIGNATURE Harry Weikel (Degree or title) M.D. ADDRESS 1226 Hanover St. DATE SIGNED 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | **DATE THEREOF** June 14/52 | **NAME OF CEMETERY OR CREMATORY** St. Stanislaus | **LOCATION** (City, town, or county) Baltimore (State)

DATE REC'D BY LOCAL REG. 6/13/52 | **REGISTRAR'S SIGNATURE** A.W. Kedick | **24. FUNERAL DIRECTOR** Fred M. Ozazewski ADDRESS Dun, 1930 Eastern Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the ___ of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place) 2 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 658 S. Rolling Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 658 S. Rolling Rd.

3. NAME OF DECEASED (Type or Print): (First) Otto (Middle) G. (Last) Grahl

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct. 13, 1882

9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milkman

10b. KIND OF BUSINESS OR INDUSTRY: B.T.C.

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Otto Grahl

14. MOTHER'S MAIDEN NAME: Elizabeth Schneider

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 213-10-0748

17. INFORMANT: Mrs. Florence Grahl.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF THE COLON. — 6 Mo

153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METASTASIS TO THE LIVER.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Carcinomata of the bowel-Colon INOPERABLE.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 16, 1952, to June 18, 1952, that I last saw the deceased alive on June 15, 1952, and that death occurred at 11:30 AM m., from the causes and on the date stated above.

SIGNATURE J. Lloyd Johnson (Degree or title) M.D. ADDRESS 6348 Frederick Road, Catonsville Md. DATE SIGNED 6/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 21, 1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park. — LOCATION (City, town, or county) (State): Baltimore Maryland.

DATE REC'D BY LOCAL REG. 6/20/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Joseph T. Ambrose — ADDRESS: 132 E. Sulphur Spring Rd.

MARYLAND STATE DEPARTMENT OF HEALTH

15

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 6-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ATSA

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Md. COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Dundalk
STREET ADDRESS (If rural, give location): 6805 Youngstown Ave.

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) (Last) GRESDO

4. DATE OF DEATH: (Month) June (Day) 22 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: March 23, 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Gresdo

14. MOTHER'S MAIDEN NAME: Eva Palus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 213-07-1287

17. INFORMANT AND ADDRESS: Anna Gresdo 6805 Youngstown Ave. Dundalk

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia ? Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Senile Myocarditis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 25, 1952
NAME OF CEMETERY OR CREMATORY: Holy Redeemer Cemetery
LOCATION (City, town, or county) (State): 4430 Belair Rd., Balto., Md.

DATE REC'D BY LOCAL REG.: 6/24/52
REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Charles A. Zeller ADDRESS: 901 S. Conkling St. Balto., 24, Md.

Item 7 FilmG144 7/9/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

16

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ruxton — LENGTH OF STAY (in this place) Sudden
HOSPITAL OR INSTITUTION OR STREET ADDRESS Parnall Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE- Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1106 Bellevue Ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas		Griffin	June	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	[illegible]	May 26, 1896	56 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		[illegible]	[illegible]

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
[illegible]	[illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		[illegible]

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, chronic myocarditis with acute congestive failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) .....

(c) .....

4:42.2

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Rollin C. Hudson	M.D., D.M.E.	Towson Md	6/25/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-28-52	Mt. Auburn	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	FUNERAL DIRECTOR	ADDRESS
6/27/52	[illegible]	Francis A. Hinsley	1 Druid Hill Ave

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 17

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:

COUNTY Baltimore MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard

LENGTH OF STAY (in this place) 24 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural, give location) 2320 Hunter Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
HERBERT	(NMI)	HALL	June 16 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Colored	Single	5-8-88	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired.):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer Work		Baltimore, Maryland	U. S. A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George Hall	Charlotte Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes	WW I	Unknown	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) TUBERCULOSIS, PULMONARY, BILATERAL, WITH CAVITA-	UNKNOWN
OCD X Ray	DUE TO TION, ACTIVE, FAR ADVANCED	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 19 52, to June 16, 19 52, that I last saw the deceased [illegible] and that death occurred at 7:55 A. m., from the causes and on the date stated above.

SIGNATURE J. Freeman (DEGREE OR TITLE) I. F[illegible] M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. ADDRESS DATE SIGNED 6-17-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/19/52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/19/52	[signature]	Charles R. Law	802 Madison Avenue Baltimore 1, Maryland

VS. AIR 84

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

18

Reg. Dist. No. 35-

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A-8

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Manchester; LENGTH OF STAY (in this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Lineboro Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Manchester.; STREET ADDRESS (If rural, give location) Lineboro Rd.

3. NAME OF DECEASED (Type or Print): (First) Harvey (Middle) S. (Last) Hare.

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH:

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm.

11. BIRTHPLACE (State or foreign country): Beckleysville, Md.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Charles Hare

14. MOTHER'S MAIDEN NAME: Cennie Baublitz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs. Florence Hare, Manchester, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 1 hr.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 420.1

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 3, 1951, to Jun 16, 1952 that I last saw the deceased alive on May 1, 1952 and that death occurred at 3:15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. H. Howard M.D. Manchester, Md 6/16/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: June 19 1952

NAME OF CEMETERY OR CREMATORY: Middletown Cemetery

LOCATION (City, town, or county) (State): Freeland, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 6/16/52

REGISTRAR'S SIGNATURE: Charles J. Reaton

24. FUNERAL DIRECTOR: Jacob Hartenstein

ADDRESS: New Freedom, Pa.

RECEIVED
JUN 21 1
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Bth Rel Disp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 1815 Calvert Street

3. NAME OF DECEASED (Type or Print): (First) OLIVER (Middle) (Last) HARPER

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1952

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): married

8. DATE OF BIRTH: Aug. 22, 1900

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter - Highway

10b. KIND OF BUSINESS OR INDUSTRY: Linden Painting Co

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Harper

14. MOTHER'S MAIDEN NAME: Flora M. Camp

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-32-4045

17. INFORMANT: Filah R. Harper, 1815 N. Calvert St

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

1, 2

Immediate cause (a) Fractured Pelvis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fractured Ribs - ~~Right~~ - (4 to 10) - Left

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-16-52 7½ m. | INJURY OCCURRED While at work ☒ Not while at work ☐ | HOW DID INJURY OCCUR? Fell from Crane Runway (30 ft)

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W. R. Davis M.D. Dep. Med. Exam. Dundalk, Md. 6/16/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 6/19/52 | NAME OF CEMETERY OR CREMATORY: Baltimore Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/18/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR: Wm. Cook, Inc., ADDRESS: 1217 St. Paul St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

211

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Baltimore — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm — MARYLAND — LENGTH OF STAY (In this place): 14 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS: Harford Road

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Balto — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glen Arm — STREET ADDRESS (If rural, give location): Harford Road

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) William (Last) Harple

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 11 1899

9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own. Farm

11. BIRTHPLACE (State or foreign country): Balto Co.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry E Harple

14. MOTHER'S MAIDEN NAME: Rose G. Rye

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS: Mrs. Chas W. Harple Harford Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Heart disease, chronic myocarditis	2 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Collins C. Hudson M.D. D.M.E. — Towson Md — 6/17/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/20/52 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 6/18/52 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR — ADDRESS: Fassalus Funeral Home 7401 Belair Rd

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 21

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
LENGTH OF STAY (in this place) 1½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural give location) "

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) James (Last) Harrison

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Oct. 25 1869

9. AGE last birthday: yrs. 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing -

11. BIRTHPLACE (State or foreign country): Rock Hall Kent Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Late Wm Warren

14. MOTHER'S MAIDEN NAME: Emma Davis

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY No: None

17. INFORMANT & ADDRESS: Richard Warren Warren 52 Hamilton Rd. Balto. 20

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Cardiac failure

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arterio-sclerotic cardio-vascular disease

(c)

Interval Between Onset And Death 2 days

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr. 3, 1952, to June 27, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 9:40 AM, from the causes and on the date stated above.

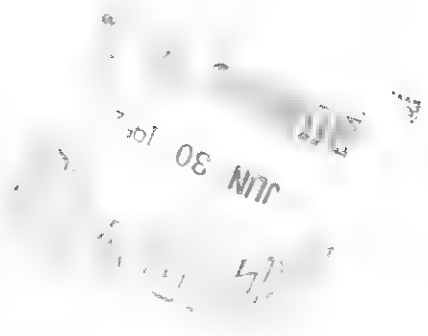
SIGNATURE Louis Lemenoff (Degree or title) MD ADDRESS 1437 Fuselage Ave Baltimore 20, Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 30/52 NAME OF CEMETERY OR CREMATORY Wesley Chapel Cem. LOCATION (City, town, or county) Rock Hall Kent (State) Md.

DATE REC'D BY LOCAL REGISTRAR June 27, 1952 REGISTRAR'S SIGNATURE Faith Healey

24. FUNERAL DIRECTOR Marvin V. Williams ADDRESS Chestertown - Md.

VS. A-15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6700 Linden Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Overlea
STREET ADDRESS (If rural, give location) 6700 Linden Ave

3. NAME OF DECEASED (Type or Print): (First) Cornelia (Middle) E. (Last) Harvey
4. DATE OF DEATH: (Month) 6 (Day) 24 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Write word): Widowed
8. DATE OF BIRTH: 4/13/1854
9. AGE last birthday: 98 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: (Unknown) Mundy
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Edgar L. Ruthey 6700 Linden Ave Overlea Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchopneumonia, left lung — Interval between onset and death: 3 days

4711 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized — 40 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 16, 1952, to June 24, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 3:45 P. m., from the causes and on the date stated above.

SIGNATURE: Adam G. Lewis (Degree or title) M.D. ADDRESS 6232 Belair Rd DATE SIGNED June 25, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/27/52
NAME OF CEMETERY OR CREMATORY: Western
LOCATION (City, town, or county) (State): Balto, Md.

DATE RECD BY LOCAL REG: 6/26/52
REGISTRAR'S SIGNATURE: H. W. Redrud
24. FUNERAL DIRECTOR: Wm Cook Inc.
ADDRESS: 1217 St. Paul St

Dmn.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

123

Reg. Dist. No. 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Baltimore
City or town: Sparrows Point 19 Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 43 years
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md County: Baltimore
City or town: Sparrows Point 19 Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2209 Sparrows Point Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war: No

3. (a) FULL NAME: Mrs. Jessie Rayma Heck

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband or wife: J. Arthur Heck
6.(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): Jan. 16, 1885

8. AGE: Years	Months	Days	If less than one day
67	4	27	10 hrs. ... min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business:
12. FATHER — Name: Julius E. Horstman
13. FATHER — Birthplace: Md.
14. MOTHER — Maiden name: Lydia Parks
15. MOTHER — Birthplace: Md.
16. Informant: J. Arthur Heck
Address: 2209 Sparrows Pt. Rd - Balto 19 Md.
17. BURIAL (Burial, cremation, or removal. Which?) Date thereof: 6-16-52 (month) (day) (year)
Cemetery or crematory: M.T. CARMEL
Location: BALTO Md. (O'DONNELL ST)
18. Funeral director: Miller Brosha Bradley
Address: Dundalk, Md.
19. June 14 1952 (Date rec'd by registrar) William M. Kelly Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 13 1952 at 10 P. M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 1948 to June 13 1952 and that I last saw her alive on June 12 1952

Immediate cause of death	DURATION
Duct-Cell Carcinoma Rt. Breast with axillary	Before Aug 1948
Due to: Metastases	
Due to: 170X	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Same as above - Mercy Hospital Date of op. Aug 1948
Autopsy results: None
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: J. Howard Burns M.D. M. D. or other
Address: 59 Dundalk Ave. Date signed: 6-13-52

RECEIVED
JUN 16 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

24

Reg. Dist. No. .. ..

PLEASE WRITE PLAINLY IN INK. Every item of information should be carefully supplied. Correct age is especially important: please write the numbers of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE PRINT

VS. A15

1. NAME OF DECEASED (Type or Print): ELIZABETH ANN HEINOLD

2. DATE OF DEATH: June 23, 1952

3. PLACE OF DEATH
A. Baltimore ~~City~~ Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Villa, 6400 Bellona Ave.
C. Length of stay in Baltimore: Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: Md.
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore
D. STREET ADDRESS (If rural, give location): 3700 N. Charles St.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
female	white	married	Aug. 11, 1877	74		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Maryland	

13. FATHER'S NAME: Christian Ruhe

14. MOTHER'S MAIDEN NAME: Katherine Hessicarry

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
no	no	Mr. George Heinold - 7104 Sheffield Rd.

CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Apoplexy — INTERVAL BETWEEN ONSET AND DEATH: 5 days

DUE TO

334.X ANTECEDENT CAUSES

(B) arteriosclerosis — ?

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C) Hypertension — ?

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

22. *I hereby certify that I attended the deceased from* June 21, 1952 *to* June 23, 1952, *that I last saw the deceased alive on* June 21, 1952, *and that death occurred at* 12.30 P.M., *from the causes and on the date stated above.*

23A. SIGNATURE: [illegible] M. D.
23B. ADDRESS: 102 - [illegible]
23C. DATE SIGNED: 6/24/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/26/52	Druid Ridge Cem.	Pikesville, Md.

DATE RECEIVED BY LOCAL REGISTRAR: 6/25/52
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR: Wm. J. Tiefner & Sons
ADDRESS:

DATE REC'D BY LOCAL REGISTRAR
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR
ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15. 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN: Fort Howard

LENGTH OF STAY (in this place): 12 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. COUNTY: /

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point

STREET ADDRESS (If rural, give location): 7218 Bayfront Road

3. NAME OF DECEASED: (Type or Print) (First) JOSEPH (Middle) E. (Last) HEIRY

4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4-20-80

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Bethl. Steel Co

11. BIRTHPLACE (State or foreign country): Edgemoore, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joseph E. Heiry

14. MOTHER'S MAIDEN NAME: Lillian Heisel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) MESENTERIC THROMBOSIS	UNKNOWN
548.1	DUE TO POST OPERATIVE SUBTOTAL GASTRECTOLY FOR BLEEDING	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) PEPTIC ULCER	12 DAYS
	DUE TO ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	UNKNOWN
	(c) EMPHYSEMA	UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-27-52

19b. MAJOR FINDINGS OF OPERATION: Gastric Resection

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) M. OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1952, to June 8, 1952, ~~that I last saw the deceased~~ ~~I saw the deceased~~ and that death occurred at 7:30 P. m., from the causes and on the date stated above.

SIGNATURE Joanne M. Miller (DEGREE OR TITLE) ADDRESS

JOSEPH M. MILLER, M. D., CHIEF, SURGICAL SERVICE, VAH, FORT HOWARD, MARYLAND

DATE SIGNED 6-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF

NAME OF CEMETERY OR CREMATORY: St. George's Cemetery

LOCATION (City, town, or county) (State): St. George's, Delaware

DATE RECD BY LOCAL REG. 6/11/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Ullrich Funeral Home 2008 Orleans Street Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY BALTIMORE — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Parkton
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Parkton, Maryland
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) H. (Last) HIPSLEY

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 27, 1869

9. AGE last birthday: 82 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: M. & M. S. S. Co.

11. BIRTHPLACE (State or foreign country): Baltimore Co. Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William H. Hipsley

14. MOTHER'S MAIDEN NAME: Katherine Cronhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mrs. Blanche C. Hipsley Parkton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio-Vascular-renal disease

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. M. Francis M.D. Parkton, Md. 6/9/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: June 11, 52 | NAME OF CEMETERY OR CREMATORY: Mt. Zion M.P. Church Cem. | LOCATION (City, town, or county) (State): Finksburg, Maryland

DATE REC'D BY LOCAL REG.: 6/10/52 | REGISTRAR'S SIGNATURE: O.W. Gabriel | 24. FUNERAL DIRECTOR ADDRESS: Wm. Cook, Jr. 1217 St. Paul Street

Done

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 50

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) 6 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) 231 McCauley St Balto. Md

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) FREDRICK (Last) HOBEL

4. DATE OF DEATH: (Month) June (Day) 15, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: May 26, 1872

9. AGE last birthday: 80 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Roofer

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Frederick Hobel

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-03-3264

17. INFORMANT: Mrs. Evelyn Hobel, Wife, 2231 McCauley St. Balto. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 4 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio Vascular & Hypertension — 2 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to June 18 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 12:45 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Edith Waltman MD — ADDRESS: 3482 Medical Arts — DATE SIGNED: 6/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: June 20, 1952 — NAME OF CEMETERY OR CREMATORY: Loudon Park — LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 6-19-52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Bryant E. Butler & Sons — ADDRESS: 3.09

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pitz Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1131 Sargeant St.

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) L (Last) Holbrunner
4. DATE OF DEATH: (Month) June (Day) 6 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11/14/1870
9. AGE last birthday: 81 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James M. Stout
14. MOTHER'S MAIDEN NAME: Sarella M. Winebrenner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – (If yes, give war or dates of service) –
16. SOCIAL SECURITY NO. –
17. INFORMANT AND ADDRESS: Lillian M. Holbrunner Sargeant

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Cerebral Hemorrhage	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerotic C.V. disease & Hypertension	7 years
	(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 45, 1945, to June 6, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE: Manuel Lerm (Degree or title) M. D ADDRESS 4818 Leslerstown Rd. Balto. DATE SIGNED June 7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6/9/52
NAME OF CEMETERY OR CREMATORY: Mt Hope Cem.
LOCATION (City, town, or county) (State): Woodsboro Fred Md.

DATE REC'D BY LOCAL REG.: June 7th 1952
REGISTRAR'S SIGNATURE: R.W.
24. FUNERAL DIRECTOR: John J. Cowan & Son
ADDRESS: 33 Collins

6129

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS House in Pines Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Balto City
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 735 Grantley St.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) M. (Last) Hood
4. DATE OF DEATH (Month) (Day) (Year) 6/5/52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married
8. DATE OF BIRTH: Oct. 10, 1878
9. AGE last birthday: 73 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motorman
10b. KIND OF BUSINESS OR INDUSTRY: Balto Transit Co.
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gasaway Hood
14. MOTHER'S MAIDEN NAME: Lela ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Emma Hood, 735 Grantley St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral arteriosclerosis — Interval between onset and death: 0 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

334X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Arteriosclerotic Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 26, 1952, to June 5, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 7:35 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Paul R. Zeigler M.D. 3723 Edmondson Ave June 7, 1952

23. BURIAL, CREMATION / REMOVAL (Specify): Burial
DATE THEREOF: 6/9/52
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG.: 6-9-52
REGISTRAR'S SIGNATURE: T E Kerns
24. FUNERAL DIRECTOR: Mc Hubb & Son
ADDRESS: Catonsville Md

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 1
BUREAU V. S.

3723 Edmonson Ave

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115 3-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rt 704 Route 14
LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle Run P.O.
STREET ADDRESS (If rural, give location) Rt 704 Seneca Park Rd. Route 14

3. NAME OF DECEASED: (Type or Print) (First) CORA (Middle) JANE (Last) HOOVER

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: Fem.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: May 19-

9. AGE last birthday: 61? yrs. IF UNDER 1 YEAR: Months, Days. IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if Retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Edward Sherry

14. MOTHER'S MAIDEN NAME: Alice Klase

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Agnes Richards Same as above

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio-vascular disease — 15 years
DUE TO
Antecedent cause(s) 443X
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) Arteriosclerosis & Chronic myocarditis
DUE TO
(c) Terminal uremia (d) Rt. hemiplegia

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Anasarca

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 11 1952 to June 27, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 9:02 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED
H. V. Harbold M.D. 4706 Harford Road Baltimore-14, Md June 27, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE THEREOF June 28-52 — NAME OF CEMETERY OR CREMATORY Knauden-Houston — LOCATION (City, town, or county) Lehighton (State) Pa.

DATE REC'D BY LOCAL REG. June 26, 1952 — REGISTRAR'S SIGNATURE Edith Hurley

24. FUNERAL DIRECTOR John G. Connelly — ADDRESS Emory

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

31

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

PLEASE

1

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Catonsville
LENGTH OF STAY (in this place) 2 mos 5 da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Anne Arundel
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Nr. Laurel
STREET ADDRESS (If rural, give location) 324 Thomas Drive,

3. NAME OF DECEASED: (First) Charles (Middle) Thomas (Last) Hopkins
4. DATE OF DEATH: (Month) (Day) (Year) Je. 20 1952

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: June 17, 1869
9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months, Days
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman
10b. KIND OF BUSINESS OR INDUSTRY: metal work
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Hopkins
14. MOTHER'S MAIDEN NAME: Rebecca Oliver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unk.
17. INFORMANT & ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	4 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Arteriosclerotic heart disease	yrs.
DUE TO		
	(c) Generalized arteriosclerosis	yrs.

420.0

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Senile arteriosclerotic nephrosclerosis — yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 15, 1952, to Je. 20, 1952 that I last saw the deceased alive on Je. 20, 1952, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Ethel B. Herrmann-Green MD Spring Grove State Hosp Catonsville 28 Md 6/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 23 1952
NAME OF CEMETERY OR CREMATORY Baltimore Cemetery
LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/23/52
REGISTRAR'S SIGNATURE W. Hedrick
24. FUNERAL DIRECTOR Wm. Cook, Inc.
ADDRESS 1212 St. Paul St

32

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Aigburth Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 14 Aigburth Road

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) ANN (Last) HURST

4. DATE OF DEATH: (Month) (Day) (Year) JUNE 22ND, 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): W

8. DATE OF BIRTH: APRIL 9, 1867

9. AGE last birthday: 85 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME

11. BIRTHPLACE (State or foreign country): KENTUCKY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN P. FULTZ

14. MOTHER'S MAIDEN NAME: MELVINA DANNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: MRS. ZENITH HURST VELIE 14 Aigburth Road Towson 4, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Apoplexy	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	?
	(c) Arteriosclerosis	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
—

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 34, to June 22, 19 52, that I last saw the deceased alive on June 21, 19 52, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas J. Dutton M.D. Towson, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: 6/29/52 | NAME OF CEMETERY OR CREMATORY: HOLTON CEMETERY | LOCATION (City, town, or county) (State): HOLTON, KANSAS

DATE REC'D BY LOCAL REG. June 24, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR ADDRESS: Eastern Avenue CATONSVILLE, MD.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
UN 25 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

VS. A-3

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (in this place) 15 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson, 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 35 E. 25th. Street

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) M (Last) Jaffee
4. DATE OF DEATH: (Month) 6 (Day) 20 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Mar. 25, 1888
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Int'l
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? American

13. FATHER'S NAME: Moses Jaffee
14. MOTHER'S MAIDEN NAME: Bessie Cook

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Personal History Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis. — Interval Between Onset and Death: 18 yrs.

002X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — 30 days

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan 6, 1937, to June 20, 1952; that I last saw the deceased alive on June 20, 1952, and that death occurred at 1.05 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milton B. Kleas M.D., Eudowood Sanatorium, Towson, 4, Maryland 6-20-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-22-52
NAME OF CEMETERY OR CREMATORY: Druid Israel
LOCATION (City, town, or county) (State): Balto. Md

DATE RECEIVED BY REGISTRAR: JUN 22 1952
REGISTRAR'S SIGNATURE: Huntington Williams, M.D. Mabel S. Gray - Exec
24. FUNERAL DIRECTOR: Jack Lewis Inc
ADDRESS: 2100 Eastern Ave

RECEIVED
JUN 24 1952
BUREAU V. S.

COPY SENT TO CHO LOCAL REGISTRAR No.____DATE 6/24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 13 49

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 18 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft. Howard,Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1427 Harford Ave. Balto 2, Md. ✓

3. NAME OF DECEASED: (First) HERMAN (Middle) T. (Last) JOHNSON (Type or Print)

4. DATE OF DEATH: (Month) June (Day) 1, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 6/5/09

9. AGE last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Steel Worker

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Richmond, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jerry Thomas

14. MOTHER'S MAIDEN NAME: Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes — (If Yes, give war or dates of service): WW II

16. SOCIAL SECURITY No.: 213-07-5661

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Adenocarcinoma of colon and Metastasis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO

(c)

Interval Between Onset And Death

153X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20 AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 13, 1952, to June 1, 1952, [redacted] and that death occurred at 9:50 A.M., from the causes and on the date stated above.

SIGNATURE: S.N.Yaffe
(Degree or title)
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 6/1/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-5-52
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/4/52
REGISTRAR'S SIGNATURE: a w Schmidt

24. FUNERAL DIRECTOR: Rayner Sanders
ADDRESS: 217 Preston Street

T

35

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: Please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Turner Station
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 423 Colfax Way

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk-Turner Station
STREET ADDRESS (If rural, give location) 423 Colfax Way

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) TIMOTHY (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: May 4, 1952

9. AGE last birthday: yrs. — If under 1 year: Months 7 wks. | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ~~infant~~

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Bruce Johnson

14. MOTHER'S MAIDEN NAME: Frederida Loadholt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Bruce Johnson 423 Colfax Way

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Multiple congenital anomalies

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Meningomyelocele

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE (Degree or title) Stanley H Dunbar — ADDRESS Ass't.Medical Examiner-700 Fleet St.-Balto.,Md. — DATE SIGNED 6-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 6/28/52 | NAME OF CEMETERY OR CREMATORY Mt Auburn | LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 6/27/52 | REGISTRAR'S SIGNATURE Hw. Hodnett | 24. FUNERAL DIRECTOR Geo. H. Nelson | ADDRESS 1303 Preston St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 52

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) Decased; HOSPITAL OR INSTITUTION OR STREET ADDRESS 1723 Edmondson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print): (First) [illegible] (Middle) [illegible] (Last) [illegible]

4. DATE OF DEATH: (Month) May (Day) 2 (Year) 1952

5. SEX [illegible]

6. COLOR OR RACE [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]

8. DATE OF BIRTH [illegible]

9. AGE last birthday 64 yrs. If under 1 year: Months [illegible] Days [illegible]; If under 24 hrs.: Hours [illegible] Min. [illegible]

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]

10b. KIND OF BUSINESS OR INDUSTRY [illegible]

11. BIRTHPLACE (State or foreign country) [illegible]

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME [illegible]

14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) [illegible] (If yes, give war or dates of service) [illegible]

16. SOCIAL SECURITY NO. none

17. INFORMANT AND ADDRESS Mrs Betty [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] (c) [illegible]

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION [illegible]

19b. MAJOR FINDINGS OF OPERATION None in Common

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) [illegible]

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) m. [illegible]

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	6/5/52	LOUDON PK. CEMETERY.	BALTO. MD.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/4/52	A W Aldrich	Wm J. Tickner & Sons Inc.	Balto Md

VS. A1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Opitz Home Edmondson Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
STREET ADDRESS (If rural, give location) 818 Braeside Rd.

3. NAME OF DECEASED (Type or Print) (First) Ella (Middle) M. (Last) Keicher

4. DATE OF DEATH (Month) (Day) (Year) June 14/52 19

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Dec. 17, 1898

9. AGE last birthday --53 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Karl Heide

14. MOTHER'S MAIDEN NAME Marie Freidler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Lorenz E. Keicher, 818 Braeside Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Stomach — Interval Between Onset and Death: 4 yrs

151 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Sept 1948

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb ....., 19 48, to June ....., 19 52, that I last saw the deceased alive on June 13, 19 52, and that death occurred at 8:15A m., from the causes and on the date stated above.

SIGNATURE J. Bara M.D. (Degree or title) ADDRESS 1 Mallow Hill Ave DATE SIGNED 6/16/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 17/52

NAME OF CEMETERY OR CREMATORY Moreland Memorial Pk.

LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REG. 6/17/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Harry F. Opitz

ADDRESS 4101 Edmondson Ave

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

6138

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) 1 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) Md

3. NAME OF DECEASED (Type or Print): (First) Theresa — (Middle) Louise — (Last) Lund

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1879

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Records of Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Cardio-respiratory failure	
909.7 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Fracture left hip	
	(c) Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN) Catonsville — (COUNTY) Balto — (STATE) Md
TIME OF INJURY (Month) June (Day) 4 (Year) 52 (Hour) 10-30 a.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Slipped on floor getting off chair

22. *I certify that I took charge of the remains described above, held an Autopsy ( ), Inspection ( ), Inquiry ( ) thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ( ), accident (☒), suicide ( ), homicide ( ), undetermined ( ).*

SIGNATURE: Edward McKinsey — (Degree or title) MD — ADDRESS: 1010 Leadenhall St, Balto — DATE SIGNED: June 17 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-19-52 — NAME OF CEMETERY OR CREMATORY: Woodlawn — LOCATION (City, town, or county) (State): Baltimore Co. Md.

DATE REC'D BY LOCAL REG. 6-19-52 — REGISTRAR'S SIGNATURE: V E Berry

24. FUNERAL DIRECTOR: J J Bailey Sons — ADDRESS: 121 [illegible]

RECEIVED
JUN 20 1
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cowenton Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton
STREET ADDRESS (If rural give location) Cowenton Ave

3. NAME OF DECEASED (Type or Print): (First) Herman (Middle) H (Last) Koch

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 18-1885

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Farm

10b. KIND OF BUSINESS OR INDUSTRY: own. Farm

11. BIRTHPLACE (State or foreign country): Balto Co.

12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: John. Koch

14. MOTHER'S MAIDEN NAME: Eliz Plummer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mrs Herman H. Koch. Cowenton Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Prostate

177 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 9/5/51

19b. MAJOR FINDINGS OF OPERATION: carcinoma of Prostate

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 2, 1951, to June 21, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at ..... m. from the causes and on the date stated above.

SIGNATURE (Degree or title) E Edw A Benson, M.D. ADDRESS 1 W. Occabaum DATE SIGNED 6/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/25/52 — NAME OF CEMETERY OR CREMATORY: St Joseph's Cath. Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 6/23/52 — REGISTRAR'S SIGNATURE A. D. Bruns Jr. Insr.

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS: 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 16

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard

LENGTH OF STAY (in this place): 16 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 297 Ridge Road, Route 2

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) J. (Last) KOELBER

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	1-31-97	55 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bottling Department	National Brewery	Baltimore, Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Adolph Koelber	Theresa Dushel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
Yes WW I	217-01-3498	Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CHRONIC NEPHRITIS	UNKNOWN
592	DUE TO	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 19 52, to June 25 19 52, [illegible] and that death occurred at 6:05 A. m., from the causes and on the date stated above.

SIGNATURE: I. FREEMAN, M. D. (DEGREE OR TITLE) ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MARYLAND (ADDRESS) DATE SIGNED: 6-25-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	JUNE 28 1952	St. Joseph's Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/26/52	H. W. Hedrick	Dippel Funeral Home	7110 Belair Road Baltimore, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11

CERTIFICATE OF DEATH

Reg. Dist. No. 30

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1 PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR TOWN Catonsville) | MARYLAND
LENGTH OF STAY (in this place) 19yrs. 3mos. 6das.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 535 E. Paca Street ✓

3. NAME OF DECEASED: (Type or Print) Wasily (First) (Middle) , Kornelik (Komelik) (Last)
4. DATE OF DEATH: (Month) Jun 27, (Day) (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 27, 1891
9. AGE last birthday: 61 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Unknown
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Unknown

13. FATHER'S NAME: Konetrntteo (Clarence) Kornelik
14. MOTHER'S MAIDEN NAME: Cafe (Sophia) Meketta

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
443X
Immediate cause (a) Cerebral hemorrhage — Interval Between Onset And Death: 30 hrs.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Hypertensive cardio-vascular disease — Years
DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26- ,19 52 to 6-27- ., 1952 , that I last saw the deceased alive on 6927- , 19 52 , and that death occurred at 10:20 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Ethel B Herrmann-Greene M.D.
ADDRESS Spring Grove State Hospital Catonsville 28 Md.
DATE SIGNED 6-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 2-52
NAME OF CEMETERY OR CREMATORY Holy Trinity
LOCATION (City, Town, or County) (State) Elkridge Md

DATE REC'D BY LOCAL REGISTRAR 7/1/52
REGISTRAR'S SIGNATURE a w Hebner
24. FUNERAL DIRECTOR J.A. Grebbouckas Jr
ADDRESS 1905 E Pratt St

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 4-38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH: Endorwood Sanitorium
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Towson
LENGTH OF STAY (in this place) 3 mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS Endorwood Sanitorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY BALTO
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) LAMB

4. DATE OF DEATH: (Month) 6 (Day) 7 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: July 12-1893

9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Kitchen helper

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burlington New Jersey

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William T. Lamb

14. MOTHER'S MAIDEN NAME: Annie (unknown) Lamb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-05-4175

17. INFORMANT & ADDRESS: Edith Samuel (niece)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause 420.0
(a) arteriosclerotic Heart Disease Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 4-5 hrs
DUE TO

Antecedent cause(s)
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION: 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 19, 19 52, to June 7, 19 52, that I last saw the deceased alive on June 1, 19 52, and that death occurred at 4:20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Milton B. Kress M.D. Towson Md 6/11/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 6/9/52 — NAME OF CEMETERY OR CREMATORY St. Peters — LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/9/52 — REGISTRAR'S SIGNATURE Dan. Kelly DMR

24. FUNERAL DIRECTOR Earl B Wolverton Funeral Home Inc 403-E-25th St; Baltimore 18 Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13

CERTIFICATE OF DEATH

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
STREET ADDRESS (If rural, give location) 405 Lorraine

3. NAME OF DECEASED: (First) ARTHUR (Middle) H. (Last) LAWTON

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH: Oct. 26-1909

9. AGE Last Birthday: 42 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Balto Transfer

11. BIRTHPLACE (State or foreign country): Russia N. Y.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Harry Lawton

14. MOTHER'S MAIDEN NAME: Edith Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Virginia Lawton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia	20 days
Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Hemorrhage	2 days.
	DUE TO (c) Carcinoma of brain	14 mos.

1938

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of brain

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to 6/4, 1952; that I last saw the deceased alive on 6/3, 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) J. Gay Platt M. D. — ADDRESS 434 Eastern Ave. Essex, Md. — DATE SIGNED 6/5/52.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF June-6-52 — NAME OF CEMETERY OR CREMATORY Grayville Cem. — LOCATION (City, town, or county) (State) Herkimer, Co N. Y.

DATE REC'D BY LOCAL REG. 6/5/52 — REGISTRAR'S SIGNATURE A W Hedgepeth — M. FUNERAL DIRECTOR John G. Connelly — ADDRESS 418 Eastern Ave. Balto 21 - Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY. WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex
LENGTH OF STAY (In this place) 4 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dear 1807 Old Eastern ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Dora (Middle) Amelia (Last) Lay

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 13-1881

9. AGE last birthday: 70 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Balto Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nicholas Lay

14. MOTHER'S MAIDEN NAME: Mary ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mr. Joseph Lunte

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-18/52-5 PM | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection ___, Inquiry ___ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) L. McCarmore M.D. | ADDRESS Medical Examiner Balto Co. Dundalk 22 md | DATE SIGNED 6/18/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 6-21-52 | NAME OF CEMETERY OR CREMATORY Oak Lawn | LOCATION (City, town, or county) Balto Co | (State) Md

DATE REC'D BY LOCAL REG. 6/20/52 | REGISTRAR'S SIGNATURE W W Hedrick | 24. FUNERAL DIRECTOR John G. Connolly | ADDRESS 418 Eastern Ave Balto 21 Md.

JT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1. PLACE OF DEATH: COUNTY Parkville — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7713 Park Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Parkville
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 7713 Park Drive

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Elmer (Last) Lee
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: July 9, 1900
9. AGE last birthday: 51 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William K. Lee
14. MOTHER'S MAIDEN NAME: Bessie Tucker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs. Katherine Lee, 7713 Park Drive

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Pulmonary Edema — 5 hrs

4221 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Coronary insufficiency — 16 hrs.
(c) Hypertensive cardiovascular renal — 1946

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1940, to June 23, 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 8:30 p.m., from the causes and on the date stated above.
SIGNATURE C. Talcott (Degree or title) M.D. ADDRESS 6217 Harford Rd DATE SIGNED 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 6/ /52 | NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery | LOCATION (City, town, or county) (State): Baltimore, Maryland
DATE REC'D BY LOCAL REG. 6/24/52 | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS: Leonard J. Ruck, 5305 Harford Road

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

46

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

1 PLACE OF DEATH:

COUNTY Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville

MARYLAND LENGTH OF STAY (in this place) 2mons 1 day

HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore

STREET ADDRESS (If rural give location) 5009 Palmer Avenue

3. NAME OF DECEASED: (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH:	(Month)	(Day)	(Year)
	Esther	Latvinsky	Levin		June	24	19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	April 1885	67 yrs.				

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Russia	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Louis Latvinsky	Pearl ?

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
NO			Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Diabetic Acidosis — Interval Between Onset And Death: 24 hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Diabetes Mellitus, severe, uncontrolled — Years

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Gangrene, left leg — 1 week

Psychosis with arteriosclerosis — 6 years

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from April 23 19 52, to June 24, 19 52 that I last saw the deceased alive on June 24 19 52, and that death occurred at 11:45 pm, from the causes and on the date stated above.

SIGNATURE Wm. A. Runn M.D. (Degree or title) ADDRESS Spring Grove Hospital DATE SIGNED 6/25/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	ADDRESS (City or town) (County)	(State)
Burial	6-25-52	Hebrew Young Men	Catonsville, Md.	Md

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-25-52	V E. Harry	Jack Lewis Inc	2100 Eutaw Pl

VS. A15

RECEIVED
JUN 26 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (In this place) 15 hrs 25 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1123 Gay Street

3. NAME OF DECEASED (Type or Print): (First) WILLIE (Middle) GRAY (Last) LEWIS
4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 6-21-98
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Franklin, Virginia
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME:
14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): (If yes, give war, or dates of service):
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) INFARCT, LEFT CEREBELLUM; EDEMA OF BRAIN STEM	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) THROMBOSIS OF LEFT SUPERIOR CEREBELLAR ARTERY	2 days
	(c) ARTERIOSCLEROSIS OF LEFT SUPERIOR CEREBELLAR ARTERY	Unknown

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☐ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): W. McCarmore M.D — ADDRESS: Deputy Medical Examiner Baltimore Dundalk 22 Md — DATE SIGNED: 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: — NAME OF CEMETERY OR CREMATORY: Olive Grove Cemetery — LOCATION (City, town, or county) (State): Littleton, North Carolina

DATE RECD BY LOCAL REG. 6/12/52 — REGISTRAR'S SIGNATURE: A.W. Pedrick — Date

24. FUNERAL DIRECTOR: Charles L. Law — ADDRESS: 802 Madison Avenue Baltimore, Maryland

SHIP TO: Sam Robinson Funeral Home, Littleton, North Carolina

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 18

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — STATE: MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 12 hrs 45 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY:
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Baltimore
STREET ADDRESS (If rural give location): 1621 Druid Hill Avenue

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) M. (Last) LIVERPOOL

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 2-2-92

9. AGE last birthday: 60 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Porter

10b. KIND OF BUSINESS OR INDUSTRY: Hotel

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John H. Liverpool

14. MOTHER'S MAIDEN NAME: Martha Gaines

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

022X

Immediate cause (a) AORTIC INSUFFICIENCY — Interval Between Onset And Death: Unknown

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DILATATION OF AORTA — Unknown

DUE TO

(c) SYPHILIS — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that VA attended the deceased from June 4, 1952, 2:30 PM, to June 5, 1952, 3:15 AM, and that death occurred at 3:15 AM, from the causes and on the date stated above.

WILLIAM S. VANDERLINDE, M.D. (Degree or title) — ADDRESS: VA., FORT HOWARD, MARYLAND — DATE SIGNED: 6/6/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/9/52 — NAME OF CEMETERY OR CREMATORY: Baltimore National Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR: 6/9/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Charles R. Law — ADDRESS: 802 Madison Ave. Balto., Md.

VS. A15

19

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STATE MARYLAND; LENGTH OF STAY (In this place) 54 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Byway Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills; STREET ADDRESS (If rural, give location) Byway Rd.

3. NAME OF DECEASED (Type or Print): (First) Mary; (Middle) Cecelia; (Last) Lockard

4. DATE OF DEATH: (Month) 6; (Day) 19; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 11/10/1872

9. AGE last birthday: 79 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Jackson

14. MOTHER'S MAIDEN NAME: Mary C. Bauer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Wm Francis Lockard - Owings Mills

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Generalized Carcinomatosis — Interval Between Onset and Death: 6 mos.

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of left breast — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): None; PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): None; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): None m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR? None.

22. I hereby certify that I attended the deceased from 5-3, 1952, to 6-19, 1952, that I last saw the deceased alive on 6-17, 1952, and that death occurred at 6:55 P.m., from the causes and on the date stated above.

SIGNATURE: D. D. Caples; (Degree or title) M.D.; ADDRESS Reisterstown; DATE SIGNED 6-20-52

23. BURIAL, CREMATION / REMOVAL (Specify): Burial; DATE THEREOF 6/21/52; NAME OF CEMETERY OR CREMATORY: Stone Chapel; LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 6-20-52; REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR: Frank H. Nurill - Pikesville Md.; ADDRESS

RECEIVED
JUN 24 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodlawn; MARYLAND; LENGTH OF STAY (in this place) 32 Years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 20 1/2 Russell Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Woodlawn; STREET ADDRESS (If rural, give location) 20 1/2 Russell Ave.

3. NAME OF DECEASED (Type or Print): (First) CARROLL (Middle) SERVETUS (Last) LYNN

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 2, 1895

9. AGE last birthday: 56 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Md. Del. Cork Corp.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: George Thomas Lynn

14. MOTHER'S MAIDEN NAME: Sally Lawyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 214-20-5216

17. INFORMANT AND ADDRESS: WIFE - Ruby Lynn - Russell Ave Woodlawn Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Congestive Heart Failure

(c)

INTERVAL BETWEEN ONSET AND DEATH: 2 Years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1949, to June 25, 1952, that I last saw the deceased alive on 6/25, 1952, and that death occurred at 1:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Edwin J Purpont, M.D. 8204 Liberty Rd., Balto 7, Md 6/25/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-27-1952

NAME OF CEMETERY OR CREMATORY: Woodlawn

LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 6/26/52

REGISTRAR'S SIGNATURE: G. Hedrick Deputy

24. FUNERAL DIRECTOR ADDRESS: G. Howard Strong 3207 W. North Ave.,

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVE FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 5

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Villa Maria Glenarm Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Notch Cliff near Towson
STREET ADDRESS (If rural, give location) Glenarm Rd.

3. NAME OF DECEASED (Type or Print) (First) Sister (Middle) Mary Theonista (Last) Mac Donald

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH Jan 18 1870

9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cape Breton Canada E.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Angus Mac Donald

14. MOTHER'S MAIDEN NAME Mary Mac Donald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Sr. Mary Clara Notch Cliff. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Bronchial Pneumonia — Interval Between Onset and Death 12 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1952, to June 18, 1952, that I last saw the deceased alive on June 18, 1952, and that death occurred at 10:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] June 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL | DATE THEREOF JUNE 21, 1952 | NAME OF CEMETERY OR CREMATORY VILLA MARIA CEM. | LOCATION (City, town, or county) (State) NOTCH CLIFF NR Towson

DATE REC'D BY LOCAL REG. June 21. 1952 | REGISTRAR'S SIGNATURE R.W.S.

24. FUNERAL DIRECTOR ADDRESS Charles L. Zeiler 901 S. Conkling St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford - rural
LENGTH OF STAY (in this place) 2 2 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 Big Falls Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hereford - rural
STREET ADDRESS (If rural, give location) Monkton

3. NAME OF DECEASED (Type or Print): (First) John (Middle) (Last) Mackert

4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH: June 24, 1878

9. AGE last birthday: 73 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Francis Mackert

14. MOTHER'S MAIDEN NAME: Catherine Weber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no.

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Henry Mackert (brother) Hereford.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive heart failure — Interval between onset and death: 2 weeks.

411 X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease — years.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 21, 1951, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Elizabeth B. Merrill, M.D. ADDRESS Cockeysville, Md. DATE SIGNED 6/9/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE 6-12-52 | NAME OF CEMETERY OR CREMATORY Hereford Methodist | LOCATION (City, town, or county) Monkton (State) Md.

DATE REC'D BY LOCAL REG. June 11, 1952 | REGISTRAR'S SIGNATURE Mrs Howard S. Markley

24. FUNERAL DIRECTOR J. Arold Brooks, Sparks, Md. ADDRESS

RECE
JUN 16
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

53

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS House of The Pines

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
STREET ADDRESS (If rural, give location) 701 Stokes St

3. NAME OF DECEASED (Type or Print) (First) Violet (Middle) Whitney (Last) Mackin

4. DATE OF DEATH (Month) June (Day) 18 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH Aug. 20 1885

9. AGE last birthday 66 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Havre de Grace

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Sherman ~~Hamilton~~ Whitney

14. MOTHER'S MAIDEN NAME Rosie Saunders

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 3 wk.

442X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr. Hypertension Cardio-renal disease — 5 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-13, 1952, to 6-18, 1952, that I last saw the deceased alive on 6-18, 1952, and that death occurred at 6:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Milner K. Gallogly M.D. Catonsville 28, Md. 6-19-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF June 20-52

NAME OF CEMETERY OR CREMATORY Angel Hill Cem

LOCATION (City, town, or county) (State) Havre de Grace Md

DATE REC'D BY LOCAL REG. 6-19-52

REGISTRAR'S SIGNATURE V. E. Barry

24. FUNERAL DIRECTOR ADDRESS

Pennington & Son Havre de Grace Md

RECEIVED
JUN 20 1952
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A13

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 3 ... 154

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 4years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Daughters of the Eucharist Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1608 Eutaw Place

3. NAME OF DECEASED (Type or Print): (First) Augusta (Middle) Ziedler (Last) Maczis

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 28, 1865

9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Adolph Ziedler

14. MOTHER'S MAIDEN NAME: Ottilie Klepper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Arthur G. Stedman, 1608 Eutaw Place

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac failure

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular disease

(c) Senility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feby 7, 19 52, to June 21, 19 52, that I last saw the deceased alive on May 19, 19 52, and that death occurred at 11 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Gerhard Mitchell Jr MD — 1010 Leeds Ave. — June 21, 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/23/52 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cemetery — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6-21 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS: John O. Mitchell & Sons 1900 Eutaw Place

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 55

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15—4-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 34 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 302 W. Lanvale Street

3. NAME OF DECEASED: (First) ALBERT (Middle) (NMI) (Last) MANNES

4. DATE OF DEATH: (Month) June (Day) 11 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 9-10-93

9. AGE last birthday: 58 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steelworker

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Wilmington, Delaware

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles Mannes

14. MOTHER'S MAIDEN NAME: Rosa Schleisinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes
(If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: 217-01-6959

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

193X

Immediate cause (a) GLIOMA RIGHT PARIETAL LOBE — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b) — DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-10-52

19b. MAJOR FINDINGS OF OPERATION: Craniotomy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8, 1952, to June 11, 1952, that I last saw the deceased alive on [illegible] and that death occurred at 4:00 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] M. D. (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-11-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-13-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/12/52 — REGISTRAR'S SIGNATURE: [signature] Smith

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore, Maryland
Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 5538

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH: Towson
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium - Towson Md

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland ~~COUNTY~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 540 W. Mulberry St.

3. NAME OF DECEASED: (First) Samuel (Middle) (Last) Marks
4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS Hours	Min.
Male.	Colured	Child	Aug 3, 1945	6 yrs.	10	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Mathews
14. MOTHER'S MAIDEN NAME: Sarah Evans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hospital Records - Eudowood Sanat

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous Meningites	Nov. 1951
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Pulmunary Tuberculosis	August 1951
	(c) DUE TO	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 11, 1952, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE G. H. Jenkins Jr. M.D. (DEGREE OR TITLE) ADDRESS Eudowood Sanatorium Towson Md. DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 6/30/52 | NAME OF CEMETERY OR CREMATORY Mt Calvary | LOCATION (City, town, or county) Cedar Hill (State)
DATE REC'D BY LOCAL REG. 6/30/52 | REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Joseph Holstead ADDRESS 918 Druid Hill Ave.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 157

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 157

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7816 Clarksworth Pl.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville
STREET ADDRESS (If rural, give location) 7816 Clarksworth Place.

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) Grace (Last) Martin

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 25 1902

9. AGE last birthday: 50 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Balto.

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: CHARLES MCDONALD.

14. MOTHER'S MAIDEN NAME: BERTHA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS: James L. Martin 7816 Clarksworth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Embolism. — Interval Between Onset and Death: None

415X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Inactive Rheumatic Heart Disease c chronic — 10 years

(c) fibrillation & chronic decompensation

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthmatic bronchitis — 1 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb, 1951, to June 16, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. Thomas J. Brennan — ADDRESS 5217 Harford Rd City 14 — DATE SIGNED 6-16-52

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL — DATE JUNE 18 1952 — NAME OF CEMETERY OR CREMATORY PARK WOOD CEMETERY — LOCATION (City, town, or county) TAYLOR AVE — (State) MD

DATE REC'D BY LOCAL REG. 6/18 — REGISTRAR'S SIGNATURE GMT

24. FUNERAL DIRECTOR Roffel Bro — ADDRESS 7110 BELAIR RD

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 31

1. PLACE OF DEATH: COUNTY Balto. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 7
LENGTH OF STAY (In this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2605 Gwynndale Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 7
STREET ADDRESS (If rural, give location) 2605 Gwynndale Ave.

3. NAME OF DECEASED (Type or Print): (First) CORNELIUS (Middle) BIDWELL (Last) MARTIN

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1952

5. SEX: Male.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan 5, 1878

9. AGE last birthday: 74 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Photographic

11. BIRTHPLACE (State or foreign country): Frederick, Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Justus Martin

14. MOTHER'S MAIDEN NAME: Drucilla Hahn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of): No.

16. SOCIAL SECURITY No.: None.

17. INFORMANT AND ADDRESS: Justus Lee Martin (Son)

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Suicide by barbiturates, alcohol & drowning.	3 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

E 970.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION: None. 19b. MAJOR FINDINGS OF OPERATION: None.

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. No.
PLACE (Home, farm, factory, street, office bldg., etc.) INJURY: Home. (CITY OR TOWN) 2605 Gwynndale Ave. (COUNTY) Balto. (STATE) Md.
TIME OF INJURY (Month) June (Day) 4 (Year) 52 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self induced.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: D. D. Caples (Degree or title) Deputy Med. Exam. M. D. ADDRESS: Reisterstown, Md. DATE SIGNED: June 4 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-6-52 — NAME OF CEMETERY OR CREMATORY: Lorraine — LOCATION (City, town, or county) (State): Woodlawn, Md.

DATE REC'D BY LOCAL REG. 6/6/52 — REGISTRAR'S SIGNATURE: W W Pechuck

24. FUNERAL DIRECTOR: John C. Mitchell & Sons, Inc. ADDRESS: 1900 Eutaw Pl. Baltimore, Md.

M B Mitchell

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VR-115A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural) — LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton (Rural)
STREET ADDRESS (If rural, give location) York Road

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Jane (Last) MARTIN

4. DATE OF DEATH: (Month) JUNE (Day) 29 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: Aug 25 1879

9. AGE last birthday: 72 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home.

11. BIRTHPLACE (State or foreign country): Balto. Co. Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Gripper

14. MOTHER'S MAIDEN NAME: Elizabeth Gill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Harvey M. Martin, Parkton, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

157X **Immediate cause** (a) Carcinoma of the pancreas — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan. 1952 — 19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52, to June 29 19 52, that I last saw the deceased alive on June 21, 19 52, and that death occurred at ..... m. from the causes and on the date stated above.

SIGNATURE: E. M. Frame — (Degree or title) M.D. — ADDRESS: Parkton Md. — DATE SIGNED: 6/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 2 1952 — NAME OF CEMETERY OR CREMATORY: Cedar Grove — LOCATION (City, town, or county) (State): Cona, Balto Co. Md

DATE REC'D BY LOCAL REGISTRAR: July 3 1952 — REGISTRAR'S SIGNATURE: Mrs Howard S Mathias — 24. FUNERAL DIRECTOR: Loudon M. Brooks — ADDRESS: Sparks, Md

VS. A16

RECEIVED
UL 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '52

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 26 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 2211 W. Rogers Ave.

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) Albert (Last) McDowell

4. DATE OF DEATH: (Month) June (Day) 28 (Year) 19 52

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, ~~WIDOWED~~, DIVORCED, (Specify):

8. DATE OF BIRTH: 6-29-1872

9. AGE last birthday: 80 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Texas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Joseph Harper McDowell

14. MOTHER'S MAIDEN NAME: Margaret Rudolph

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unk.)) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT & ADDRESS: Mrs. Mamie Fisher - 2211 W. Rogers Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardio - respiratory failure — Interval Between Onset And Death: minutes

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis, generalized, severe — years.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 1952, to June 29, 1952, that I last saw the deceased alive on ..., 19..., and that death occurred at 8.44 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Virginia Huffe M.D. ADDRESS Spring Grove Hosp. Catonsville, Md. DATE SIGNED 6-29-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 7/1/52

NAME OF CEMETERY OR CREMATORY Woodlawn Cem.

LOCATION (City, town, or county) Woodlawn, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 7/1/52

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Wm. J. Pickeyer & Son

ADDRESS Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 61

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 90 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Balto.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore (Essex)
STREET ADDRESS (If rural give location) Box 216, RD #1

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) F. (Last) MC GANN

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 7-17-1894

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR Months 10 Days 14 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Glenn L. Martin

11. BIRTHPLACE (State or foreign country) Kenton, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John McGann

14. MOTHER'S MAIDEN NAME: Sara Failor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF COLON WITH METASTASES DUE TO — Interval Between Onset And Death: Approximately 18 months

153.X

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ..... DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 3, 1952, to June 1, 1952, that I last saw deceased alive on ..... and that death occurred at 7:10 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) I. [illegible], M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD. ADDRESS DATE SIGNED 6-2-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 6-4-52 NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR 6/3/52 REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Connelly Funeral Home ADDRESS 418 Eastern Avenue Baltimore, Maryland

VS. 416

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information called for. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 20

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 59 Granite Hill

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; STREET ADDRESS (If rural, give location) 59 Granite Hill

3. NAME OF [redacted] (Type or Print): (First) BERTIE (Middle) M (Last) MC KENZIE

4. DATE OF DEATH (Month) (Day) (Year): 6-20-52 19

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 2-22-1915

9. AGE last birthday: 37 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Mathias, W. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lee Mongold

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Thos. Mc Kenzie, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cardiac Failure	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Nephritis, Chronic	3 months
	(c) Cirrhosis of Liver	6 months

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY; (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/19, 1952, to 6/20, 1952, that I last saw the deceased alive on 6/19, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William F. Janaway	M.D.	Ellicott City, Md.	6/20/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-24-52	Good Shepherd	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
6-22-52	Hector E. Harry, M.D.	F.C. Higinbothom, Ellicott City, Md

RECEIVED
JUN 23 1952
BUREAU V. S.

Item 9 Film3144 7/1/52 whw

62

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH
COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson,
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Presbyterian Home

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Baltimore,
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson,
STREET ADDRESS (If rural, give location) Dixie Drive

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alvirta	M.	McKewin	June 9, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	white	SINGLE	September 27, 1876	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NURSE	HOSPITAL	BALTIMORE	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Richard J. McKewin	MATILDA JANE CROWTHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
NO		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	CORONARY ARTERIAL OCCLUSIO	15 min
4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	ARTERIOSCLEROTIC HEART DISEASE	10 yrs.
	(c)	SENILITY	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip. 6 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
NONE	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from June 5, 1952, to June 9, 1952, that I last saw the deceased alive on June 6, 1952, and that death occurred at 4:50 p. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
H. S. Rafferty	M.D.	6210 York Rd Balto	June 10 52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 11, 1952	Loudon Park	Baltimore,	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/11/52	A. W. Jochum Dpty	John A. Mitchell Sons Inc.	1900 Eutaw Place

Item 4 FilmC143 6/13/52 mhw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville Md
LENGTH OF STAY (in this place) 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Md. Masonic Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Emergency Hosp. Frederick Md

3. NAME OF DECEASED: (First) Wilbur (Middle) Franklin (Last) McKissick
4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: Feb 28-1900
9. AGE last birthday: 52 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thurmont Md.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Lewis P. Mc. Kissick
14. MOTHER'S MAIDEN NAME: Sarah Clark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Laura M. Schroder

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
Immediate cause (a) Stroke — INTERVAL BETWEEN ONSET AND DEATH 6/9/52
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) Parkinsons disease ?
DUE TO (c)

350X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 6, 1952, to June 17 1952 that I last saw the deceased alive on June 16, 1952, and that death occurred at ..... m., from the causes and on the date stated above.
SIGNATURE Walter T Kies (DEGREE OR TITLE) MD ADDRESS Cockeysville Md DATE SIGNED 6/17/52

23. BURIAL, CREMATION REMOVAL (Specify): Thurmont Md
DATE THEREOF 6/19/52
NAME OF CEMETERY OR CREMATORY United Brethern
LOCATION (City, town, or county) Thurmont Md (State)
DATE REC'D BY LOCAL REGISTRAR June 19-52
REGISTRAR'S SIGNATURE Laura M. Schroder
24. FUNERAL DIRECTOR Wm Cook, St. Paul + Preston ADDRESS St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A15 8-51

RECEIVED
JUN. 20 1952
BUREAU V. S.

COPY SENT TO ~~LOCAL~~ CH6 REGISTRAR No.____DATE 6/20/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fullerton; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS # 88 Sipple Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS # 88 Sipple Ave (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) William; (Middle); (Last) Meise

4. DATE OF DEATH: (Month) June; (Day) 21; (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: Sept 8 - 1878

9. AGE last birthday: 73 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bar. Tender

10b. KIND OF BUSINESS OR INDUSTRY: Tavern Employee

11. BIRTHPLACE (State or foreign country): Balto Co Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Meise

14. MOTHER'S MAIDEN NAME: Barbara Sipple

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: 212-12-5976

17. INFORMANT: Mrs Wm Meise # 88 Sipple Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension -	10 years
	(c) arteriosclerosis	10 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY; (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1951, to June 21, 1952, that I last saw the deceased alive on June 21, 1952, and that death occurred at 6 P.M. from the causes and on the date stated above.

SIGNATURE: Morris A. Jacobs; (Degree or title) M.D; ADDRESS 1010 North Dr Road; DATE SIGNED 6/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial; DATE THEREOF 6/25/52; NAME OF CEMETERY OR CREMATORY Moreland Memorial Park; LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. June 23 1952; REGISTRAR'S SIGNATURE Mrs. A. L. Reifsnider; 24. FUNERAL DIRECTOR Lassahn Funeral Home; ADDRESS 7401 Belair Rd

VS. A15

RECEIVED
JUN 25
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS opitz Convl Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore; STREET ADDRESS (If rural, give location) 3447 Cliftmont Ave

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Albert (Last) Milchling

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Oct 15 1886

9. AGE last birthday: 65 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipe Installation

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unk.

14. MOTHER'S MAIDEN NAME: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 214-01-9949

17. INFORMANT: Francis Milchling - 4532 Harford Rd

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) LOBAR PNEUMONIA R LUNG. — Interval between onset and death: 8 days

Antecedent cause(s) (b) CYSTITIS. — SEVERAL WKS

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) LEFT HEMIPLEGIA-HYPERTENSION.

490X

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to June 27, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 10:15 P. m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Lloyd Johnson M.D. Catonsville Md 6/28/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE 7-1-52 NAME OF CEMETERY OR CREMATORY Holy Redeemer LOCATION (City, town, or county) (State) Balto Md

DATE REC'D BY LOCAL REG. 6/30/52 REGISTRAR'S SIGNATURE D. M. Bacon

24. FUNERAL DIRECTOR L. J. Ruck & Sons ADDRESS 5305 Harford Rd

Victor Harry - cr

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 66

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 27 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1027 Edmondson Avenue

3. NAME OF DECEASED: (First) PETER (Middle) (NMI) (Last) MILLER
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 19 52
5. SEX: Male
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 4-20-90
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stevedore
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Charles Miller
14. MOTHER'S MAIDEN NAME: Nancy Spence
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): Yes (If Yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) SYRINGOMYELIA — Interval Between Onset and Death: 18 years +

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) CONGENITAL MALFORMATION OF SPINAL CORD

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-6-52
19b. MAJOR FINDINGS OF OPERATION: Incision and Drainage Abscess of Right Thigh
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work [ ] Not while at work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1952, to June 25, 1952, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

SIGNATURE: William B. Vandegrift
(DEGREE OR TITLE) WILLIAM B. VANDEGRIFT, M. D. ADDRESS VAH, FORT HOWARD, MARYLAND DATE SIGNED 6-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 7/1/1952
NAME OF CEMETERY OR CREMATORY: Baltimore National
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: Mrs. Katie R. Williams ADDRESS: 322 N. Schroeder St., Baltimore, Maryland

VS. A15 8-51

6167

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ...(4)...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sparrows Point, Md. — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Towson
STREET ADDRESS (If rural, give location): 8936 Satyr Hill Road Balto Zone 34.

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) S. (Last) MILLIGAN

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 2, 1907

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tool inspector

10b. KIND OF BUSINESS OR INDUSTRY: Radio Co.

11. BIRTHPLACE (State or foreign country): Hanover, Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: James Duncan Milligan

14. MOTHER'S MAIDEN NAME: Dora Sprenkle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: ?

17. INFORMANT: Strack and Shrine, York, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — Interval between onset and death:

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Water

(CITY OR TOWN) (COUNTY) (STATE): Baltimore Yacht Club, Baltimore County, Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY: Found: 6/3/52 7 A.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Found drowned

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE: William V. Lovett (Degree or title) ADDRESS: 700 Fleet St., Baltimore, Md. DATE SIGNED: June 3, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-5-52. — NAME OF CEMETERY OR CREMATORY: Mt. Olivet — LOCATION (City, town, or county) (State): Hanover, Penna.

DATE REC'D BY LOCAL REG.: 6-3-52 — REGISTRAR'S SIGNATURE: L

24. FUNERAL DIRECTOR: Wm. Cook Inc. — ADDRESS: 1217 St Paul Zone

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A1A

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) CARROLL (Middle) (Last) MINIS

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 19 52

5. SEX: M.

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 4, 1901

9. AGE Last birthday: 50 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Bethlehem Steel Co

11. BIRTHPLACE (State or foreign country): Charlotte Co. Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Thomas Minis

14. MOTHER'S MAIDEN NAME: Edmonia Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Neva Minis 1810 Chase St.

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — Interval between onset and death: —

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

171.8

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.): Patapsco River (CITY OR TOWN) Catonsville (COUNTY) Balto (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 6-28-52 11:30 a.m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Slipped into Patapsco River

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W Edwards MD Dep Med Exr. Dundalk Md 6/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: July 5-52 | NAME OF CEMETERY OR CREMATORY: Mt. Calvary Cem. | LOCATION (City, town, or county) (State): A.A. County Md.

DATE REC'D BY LOCAL REG. 7/1/52 | REGISTRAR'S SIGNATURE: A W Edwards

24. FUNERAL DIRECTOR ADDRESS: Mrs. Lott G. Elliott & Daughter 1129 N. Caroline St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: Please write the words of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — LENGTH OF STAY (In this place) 4 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 31 DUNVALE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — 4
STREET ADDRESS (If rural, give location) 31 DUNVALE

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) LAMB (Last) MITCHELL

4. DATE OF DEATH: (Month) JUNE (Day) 22 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: MAR. 13, 1952

9. AGE last birthday: yrs. — If under 1 year: Months 3 | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): BALTI. MARYLAND

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: JOHN RAYMOND MITCHELL

14. MOTHER'S MAIDEN NAME: JEAN CARENDI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: JOHN RAYMOND MITCHELL

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) ASPHYXIA, ACCIDENTAL Found in crib — Interval between Onset and Death: Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Towson — (COUNTY): Balto — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): June 22, 1952 8 AM — INJURY OCCURRED While at work ☐ Not while at work ☑ — HOW DID INJURY OCCUR? Baby smothered in crib lying on face

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin C. Hudson (Degree or title) M.D., DME. ADDRESS: Towson Md DATE SIGNED: 6/24/52

23. BURIAL, CREMATION, REMOVAL (Specify): ENTOMBMENT — DATE THEREOF: JUNE 24, 1952 — NAME OF CEMETERY OR CREMATORY: DRUID RIDGE CEMETERY — LOCATION (City, town, or county) (State): PIKESVILLE, MARYLAND

DATE REC'D BY LOCAL REG.: June 24, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk (22)
LENGTH OF STAY (in this place) 11 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7312 School Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dundalk
STREET ADDRESS (If rural, give location) 7312 School Ave.

3. NAME OF DECEASED (Type or Print): (First) Lester (Middle) Lee (Last) Morris

4. DATE OF DEATH: (Month) 6 (Day) 17 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 20 Dec. 1921

9. AGE last birthday: 30 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chemical Analyst

10b. KIND OF BUSINESS OR INDUSTRY: Steel Mfgr.

11. BIRTHPLACE (State or foreign country): Earlysville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Luther Morris

14. MOTHER'S MAIDEN NAME: Nellie M. Highlander

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWII

16. SOCIAL SECURITY NO. 212-20-4866

17. INFORMANT: E. Louise Morris - Wife.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Strangulation by Hanging

9714X Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

INTERVAL BETWEEN ONSET AND DEATH: (a) — — (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home (CITY OR TOWN) Dundalk (COUNTY) Balto. (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 17 (Year) 52 (Hour) 7 m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Hung Self from Clothesline.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) M.D. ADDRESS 1 Main Ave. Dundalk 22 Md. DATE SIGNED 6/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 6/20/52

NAME OF CEMETERY OR CREMATORY: Balto. National

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG. June 19-1952

REGISTRAR'S SIGNATURE William M. Kelly

24. FUNERAL DIRECTOR: Wells Brooks Bradley ADDRESS Dundalk, Md.

RECEIVED
JUN 23 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

'71

Reg. Dist. No. 31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale; LENGTH OF STAY (In this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 3640 Marriott Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rockdale; STREET ADDRESS (If rural, give location) 3640 Marriott Lane

3. NAME OF DECEASED (Type or Print): (First) Rebecca (Middle) T. (Last) Myers

4. DATE OF DEATH: (Month) June (Day) 17, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: June 22, 1879

9. AGE last birthday: 72 years yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elijah Tusing

14. MOTHER'S MAIDEN NAME: Miss Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs.W.Newton Long, Jr., 5801 Kipling Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Lobar pneumonia

19?? Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic myocarditis, prostatic hypertrophy

(c) senile debility

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 1951, to June 17, 1952, that I last saw the deceased alive on June 8, 1952, and that death occurred at 4:55 P.m., from the causes and on the date stated above.

SIGNATURE: Paul L. Jones (Degree or title) M.D. ADDRESS: 11 E. Chase St. DATE SIGNED: 6/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 21, 1952 | NAME OF CEMETERY OR CREMATORY: Messiah Lutheran Ch.Cem. | LOCATION (City, town, or county) (State): Berrett, Md.

DATE REC'D BY LOCAL REG.: 6/20/52 | REGISTRAR'S SIGNATURE: A W Bidwell

24. FUNERAL DIRECTOR: E Wilkes Lamoreau ADDRESS: 4510 Liberty Heights Ave.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 72

CERTIFICATE OF DEATH

Reg. Dist. No. .. ....

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

VS. A15

1. NAME OF DECEASED (Type or Print): Annie Nichols

2. DATE OF DEATH: June-27-1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland Balto. City
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Dalecrofe 4511 Spring Avenue
C. Length of stay in Baltimore: 20 Yrs. (Yrs. / Mos. / Days)

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE: Maryland
B. COUNTY:
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baltimore Md. Natl
D. STREET ADDRESS (If rural, give location): 4511 Spring Avenue

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year: Months / Days	If Under 24 Hours: Hours / Min.
Female	Col.	Widow	April-20-1858	94		

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Domestic	At Home	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Jones	Elizabeth Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
No		Hattie Ellis 4511 Spring Ave

CERTIFICATION

18. CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerosis (Senility) — INTERVAL BETWEEN ONSET AND DEATH

DUE TO

450.0 ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22. *I hereby certify that I attended the deceased from* 1935 19__, *to* Jun 27, 1952, *that I last saw the deceased alive on* 27, 1952, *and that death occurred at* 3P m., *from the causes and on the date stated above.*

23A. SIGNATURE	23B. ADDRESS	23C. DATE SIGNED
Jno. J. Julian M. D.	511 N Schroeder St.	6/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
Burial	6/30/1952	Arbutus Mem. Park.	Arbutus Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR ADDRESS
7/1/52		Elroy O. Wilson 1000 Brantly Rd

DATE RECEIVED BY STATE REGISTRAR | REGISTRAR'S SIGNATURE | 26. FUNERAL DIRECTOR

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; HOSPITAL OR INSTITUTION OR STREET ADDRESS Evan Avenue; MARYLAND; LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED (Type or Print): (First) Maimie (Middle) (Last) Nolan

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: August 4 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas H. Nolan

14. MOTHER'S MAIDEN NAME —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: annabell Johnson 2200 W. Lanvale st.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Heart disease, chronic myocarditis — Interval Between Onset and Death: Unknown 1yr+

420 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Mitral valvular heart disease, cause unknown — Unknown

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 16, 1951, to June 4, 1952, that I last saw the deceased alive on June 4, 1952, and that death occurred at 7 15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Rollin G. Hudson M.D. | ADDRESS Towson Md | DATE SIGNED 6/4/52

23. BURIAL, CREMATION / REMOVAL (Specify) Burial | DATE 6-7-52 | NAME OF CEMETERY OR CREMATORY Pleasant Rest | LOCATION (City, town, or county) (State) Towson md

DATE REC'D BY LOCAL REG. 6/6/52 | REGISTRAR'S SIGNATURE a W Hubner | 24. FUNERAL DIRECTOR Geo A. Kelson | ADDRESS 1303 Pennsylvania Ave

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

06174

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42A

1. PLACE OF DEATH
COUNTY A. A. Co. Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne,
MARYLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Balto A. A. Co.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lansdowne,
STREET ADDRESS (If rural, give location) Hammonds Ferry Road

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Patrick (Last) Normile

4. DATE OF DEATH: (Month) 6/2/52 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: May 8, 1899

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter - Left

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): N. Y. City

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Michael John Normile

14. MOTHER'S MAIDEN NAME: Nancy Riley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs. Bridget B. Normile Hammonds Ferry Rd. Lansdowne, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Hemorrhage, Left.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardiovascular disease

(c)

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 2, 1952, that I last saw the deceased alive on June 2, 1952, and that death occurred at 7.50 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Herbert A. Lindau, M.D. 2436 Washington Blvd. 6/3/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 5, 1952

NAME OF CEMETERY OR CREMATORY: Holy Cross

LOCATION (City, town, or county) (State): North Arlington, N.J.

DATE REC'D BY LOCAL REG. 6/4/52

REGISTRAR'S SIGNATURE: a W Andrews

24. FUNERAL DIRECTOR: John O. Mitchell & Sons ADDRESS: 1900 Eutaw Place

VS. A10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Balto. CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Govt Locality — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS Emergency Room

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto. — STREET ADDRESS (If rural, give location) 1210 Canal Court

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Andrew	Raley	Norwood	6 -	28 -	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Colored	Single	8-21-41	11 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mc Herren, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earnest Norwood

14. MOTHER'S MAIDEN NAME: Helen Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY occurred in Patapsco River — (CITY OR TOWN) Relay — (COUNTY) Balto — (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 28 (Year) 1952 (Hour) 3:30 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Accidental drowning

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

H. L. Davis MD Asst Med Exam. Annapolis Md 6/29/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	7-2-1952	Mt. Calvary Cemetery	Anne Arundel Co. Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/2/52	A W Bohrer Jr	Randolph L. Collick	1412 E. Preston St.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

76

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville — LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.
STREET ADDRESS (If rural, give location) 1210 Canal Court

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Edward (Last) Norwood

4. DATE OF DEATH: (Month) 6 (Day) 28 (Year) 19[illegible]

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-24-42

9. AGE last birthday: 9 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Balto. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earnest Norwood

14. MOTHER'S MAIDEN NAME: Helen Morton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Helen Norwood 1210 Canal Court

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

929.8 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Patapsco River | (CITY OR TOWN) Ft Smallwood | (COUNTY) Anne Arundel | (STATE) Md.

TIME OF INJURY (Month) 6 (Day) 28 (Year) 42 (Hour) 11:30 a.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Fell into deep hole in river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] M.D. [illegible] Dundalk, Md. 6-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 7-2-1952 | NAME OF CEMETERY OR CREMATORY Mt. Calvary Cemetery | LOCATION (City, town, or county) (State) Anne Arundel Co. Md.

DATE REC'D BY LOCAL REG. 7/2/52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR ADDRESS Randolph L. Collick 1412 E. Preston St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLUNFADING INK. Every item of information should be carefully supplied. correct age is especiaPhysicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

e correct age

VS/AH

1. NAME OF DECEASED (Type or Print): AGNES A. OWENS

2. DATE OF DEATH: 6 JUNE 1952

3. PLACE OF DEATH: A. Baltimore City ~~or~~ Maryland RIDERWOOD, MD.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WILLOW AND BELLONNA AVE.

c. Length of stay in ~~Baltimore~~ MD — LIFETIME (Yrs. Mos. Days)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: MARYLAND
B. COUNTY: ANNE ARUNDEL (HANOVER)
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township): HANOVER, MD
D. STREET ADDRESS (If rural, give location)

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: 1879 June 13. 72
9. AGE (In years last birthday) If Under 1 Year: Months / Days; If Under 24 Hours: Hours / Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10B. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MARYLAND.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joshua Owens
14. MOTHER'S MAIDEN NAME: Margaret Valentine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS MARY A. GARDINER ADDRESS: RIDERWOOD, MD.

CERTIFICATION

18. CAUSE OF DEATH

I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CARCINOMA LEFT BREAST — INTERVAL BETWEEN ONSET AND DEATH: 7 YEARS

DUE TO WITH GENERALIZED METASTASIS

170X ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

22 *I hereby certify that I attended the deceased from* AUGUST, 1951, *to* 6 JUNE, 1952, *that I last saw the deceased alive on* 3 JUNE, 1952 *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23A. SIGNATURE: Karl F. Mech, M. D. M.D. | 23B. ADDRESS: 11 E. Chase Street Balto 2. | 23C. DATE SIGNED: 6 June 1952

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | 24B. DATE: 6/10/52 | 24C. NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE MEM PK. | 24D. LOCATION (City, town, or county) (State): HOWARD Co. MD

DATE RECEIVED BY LOCAL REGISTRAR: 6/9/52 | REGISTRAR'S SIGNATURE: Hs. Hedrick | 25. FUNERAL DIRECTOR: Wm. J. Tickner & Sons Inc ADDRESS: Balto Md

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

1. PLACE OF DEATH: COUNTY BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1411 BETHLEHEM AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK
STREET ADDRESS (If rural, give location) 1411 BETHLEHEM

3. NAME OF DECEASED (Type or Print): (First) FRANK (Middle) (Last) PASEK, SR.

4. DATE OF DEATH: (Month) 6 (Day) 21 (Year) 1952

5. SEX: M | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED | 8. DATE OF BIRTH: JULY 5, 1886 | 9. AGE last birthday: 65 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MILL WRIGHT + INSPECTOR | 10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR. | 11. BIRTHPLACE (State or foreign country): CZECHOSLOVAKIA | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: IGNATIUS PASEK | 14. MOTHER'S MAIDEN NAME: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): No | 16. SOCIAL SECURITY NO.: 213-09-3196 | 17. INFORMANT AND ADDRESS: FRANK PASEK, JR - SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma of Liver — 6 months

1561

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 52, to 21 June, 1952 that I last saw the deceased alive on 21 June, 1952 and that death occurred at 9:10 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

I W Powell MD 2900 Duncan Rd 23 June 52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL | DATE THEREOF: 6/25/52 | NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER | LOCATION (City, town, or county) (State): BALTO. Md.

DATE REC'D BY LOCAL REG.: June 24-1952 | REGISTRAR'S SIGNATURE: William M Kelly | 24. FUNERAL DIRECTOR ADDRESS: Wells Funeral Home, Dundalk, Md.

J.B.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 44

RECEIVED
JUN 26 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville, Md. — LENGTH OF STAY (In this place): 2 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1218 Sail Court

3. NAME OF DECEASED (Type or Print): (First) RAMON (Middle) (Last) PAWLATA
4. DATE OF DEATH: (Month) June (Day) 15 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Unknown
8. DATE OF BIRTH: 1889
9. AGE last birthday: 63 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Poland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Burns over the entire body (accident) fire burns — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last — 916.7
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital | (CITY OR TOWN): Catonsville | (COUNTY): Baltimore | (STATE): Md.
TIME OF INJURY (Month) (Day) (Year) (Hour): 6-13-52 3:45 pm. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR? Set himself afire playing with matches

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): Deputy Coroner — ADDRESS: Dr. Jos. McKeffrey 3rd Eudow Balto Co, 1010 Leeds ave — DATE SIGNED: June 17 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/17/52 — NAME OF CEMETERY OR CREMATORY: Jacob Medford — LOCATION (City, town, or county) (State): Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 6/17/52 — REGISTRAR'S SIGNATURE: a w Hedrick — 24. FUNERAL DIRECTOR — ADDRESS: [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Item 18 Film 146 9-10-52 ams
20

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore, "; STREET ADDRESS (If rural, give location) 3732 Elm Ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) B. (Last) Pearce

4. DATE OF DEATH: (Month) June (Day) 6 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 21, 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIFE INSURANCE 18 YEARS

10b. KIND OF BUSINESS OR INDUSTRY: OILER COTTON MILL 12 YRS.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Pearce

14. MOTHER'S MAIDEN NAME: Sarah Barnes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. 218-01-4160

17. INFORMANT AND ADDRESS: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

162X Immediate cause (a) Bronchogenic- Carcinoma Lung (Possible TBC) — Interval Between Onset and Death: 4½ Mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c) (162X)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 11, 19 52, to June 6, 19 52, that I last saw the deceased alive on June 6, 19 52, and that death occurred at 10.50 P m., from the causes and on the date stated above.

SIGNATURE: Milton B Kress (Degree or title) M. D., ADDRESS Eudowood Sanatorium, Towson 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 10, 1952

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Maryland

DATE REC'D BY LOCAL REG.: 6/9/52

REGISTRAR'S SIGNATURE: H. D. Hedrick Deputy

24. FUNERAL DIRECTOR: Burgee Funeral Home ADDRESS: 3631 Falls Road

Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Browns Cove
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Browns Creek

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Browns Cove
STREET ADDRESS (If rural, give location): Browns Creek

3. NAME OF DECEASED: (First) WILLIAM (Middle) H. (Last) PENTZ

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): ~~Widowed~~

8. DATE OF BIRTH: Nov. 12 1862

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Penna.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

16. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S ADDRESS: Sarah Lyons (Brown's Creek)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Arterio-sclerotic Cardio-Vascular-Renal Disease — DUE TO — Interval between onset and death: 2 yrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) — DUE TO

(c)

442X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. ~~-0-~~

19a. DATE OF OPERATION: ~~No~~

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

James Fewsite, M.D. 422 Eastern Ave, Baltimore 2, Md. 6/26/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-28-52

NAME OF CEMETERY OR CREMATORY: Oak Lawn Cem.

LOCATION (City, town, or county) (State): Balto. Co. Md

DATE REC'D BY LOCAL REG.: June 28, 1952

REGISTRAR'S SIGNATURE: Enid Hurley

24. FUNERAL DIRECTOR — ADDRESS: John G. Connelly — 418 Eastern Ave Balto 2 Md.

JUL 2 19
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYDE PARK BALTO COUNTY
LENGTH OF STAY (in this place): 3 YRS.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: RT 16 BOX 333 GALENA RD.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: MARYLAND. COUNTY: BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: HYDE PARK BALTO COUNTY
STREET ADDRESS (If rural, give location): RT 16 BOX 333 GALENA RD.

3. NAME OF DECEASED (Type or Print): (First) MARIE (Middle) ANNA (Last) PILACHOWSKI

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1952

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH: OCT 17 1896

9. AGE last birthday: 56. yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWORK

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): BALTIMORE, MD

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN HENRY ENDERS

14. MOTHER'S MAIDEN NAME: THERESA. BALSER.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT AND ADDRESS: LEO PILACHOWSKI 1075 WASHINGTON ST.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Uremia Disease — 10 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 9:15 A.M. from the causes and on the date stated above.

SIGNATURE: J. M. Baumgardner (Degree or title) MD — ADDRESS: Balto 6 Md — DATE SIGNED: 6/9/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: JUNE 10 1952 — NAME OF CEMETERY OR CREMATORY: HOLY REDEEMER CEM — LOCATION (City, town, or county): 4430 BELAIR ROAD — (State): MD.

DATE REC'D BY LOCAL REG.: 6/9/52 — REGISTRAR'S SIGNATURE: W. E. Hedrick

24. FUNERAL DIRECTOR: Duffil Bro. — ADDRESS: 1800 E LOMBARD ST

Balto.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-8

1. PLACE OF DEATH: COUNTY: Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; LENGTH OF STAY (in this place): 77 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS: 112 Locust Drive

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville; STREET ADDRESS (If rural, give location): 112 Locust Drive

3. NAME OF DECEASED (Type or Print): (First) ANNIE (Middle) LOUISA (Last) POEHLMANN

4. DATE OF DEATH: (Month) June (Day) 20th., (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widow

8. DATE OF BIRTH: 11/24/1874

9. AGE last birthday: 77 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Edward Seidel

14. MOTHER'S MAIDEN NAME: Margaret Morsberger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Norman Poehlmann 112 Locust Drive Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Decompensation — Interval Between Onset and Death: 2 hrs.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chr. Hypertensive Cardio-Vascular Disease — 10 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-22, 1950, to 6-20, 1952, that I last saw the deceased alive on 6-19, 1952, and that death occurred at 8.150 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Wilson K. Gallagher M.D. Catonsville-28, Md. 6-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6/23/52 | NAME OF CEMETERY OR CREMATORY: Loudon Park Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/22/52 | REGISTRAR'S SIGNATURE: V. E. Harris | 24. FUNERAL DIRECTOR: Easton Sons | ADDRESS: Catonsville, Md.

RECEIVED
JUN 23 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 30 54

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct address is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove St. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 541 W. 27th St. ✓

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A. (Last) Powell

4. DATE OF DEATH: (Month) 6 (Day) 10 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 2/6/78

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Lineman

10b. KIND OF BUSINESS OR INDUSTRY: Telephone Co.

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Henry Clay Powell

14. MOTHER'S MAIDEN NAME: Carrie Tentz

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unk. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records Spring Grove State Hosp. Catonsville 28, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
4-3-1 Immediate cause	(a) Arterioscl. myocardial degeneration, hypertrophy + aortic + mitral stenosis	yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Arterioscl. generalized, severe	yrs.
	(c) DUE TO Complete heart block	1 da.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arterioscl. senile psychosis	yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/1 ....., 19 52, to 6/10, 1952, that I last saw the deceased alive on 6/10, 1952, and that death occurred at 1.55 AM, from the causes and on the date stated above.

SIGNATURE Joseph D. Lichtenberg (Degree or title) M.D ADDRESS Spring Grove St. Hosp. DATE SIGNED 6/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 12/52 NAME OF CEMETERY OR CREMATORY Woodlawn LOCATION (City, town, or county) Woodlawn, Md (State)

DATE REC'D BY LOCAL REGISTRAR 6/11/52 REGISTRAR'S SIGNATURE A. W. Federal

24. FUNERAL DIRECTOR Austin E. Donovan ADDRESS 3818 Poland Ave

VS. A15

Item 8 Film G144 7/9/52 whw

0618

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Hall Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River Rd; STREET ADDRESS (If rural give location) Balto 20. Md

3. NAME OF DECEASED (Type or Print): (First) Daudet; (Middle); (Last) Pugh

4. DATE OF DEATH: (Month) June; (Day) 27; (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: Jan 15 1867

9. AGE last birthday: 84 yrs.; If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: OWN. Home

11. BIRTHPLACE (State or foreign country): Balto Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — Masson

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Mr Chas. Bartels. 504 Middle River Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral haemorrhage	-12 hrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis	-16 yrs.
	(c)	

221X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION; 19b. MAJOR FINDINGS OF OPERATION; 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify); PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.; INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 11, 1944, to June 26, 1952 that I last saw the deceased alive on June 26, 1952 and that death occurred at 6 P.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Harvey L. Fuller	MD	Rolle Rd, Baltimore 6	June 28/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/30/52	Moreland Memorial Park	Balto Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUN 28 1952	Huntington Williams MD; Edith J Surley DC	Lassahn Funeral Home	7401 Belair Rd

VS. A15

COPY SENT TO LOCAL REGISTRAR No. 644 DATE 7/1/52

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ..56

CERTIFICATE OF DEATH

Reg. Dist. No. .. ...

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
   COUNTY: Baltimore — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
   LENGTH OF STAY (in this place): 24 days
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
   STATE: Maryland — COUNTY:
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
   STREET ADDRESS (If rural give location): 2027 E. Chase Street

3. NAME OF DECEASED: (Type or Print) (First) HERCULES (Middle) R. (Last) QUILLEN

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-15-89

9. AGE Last birthday: 62 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Watchman

10b. KIND OF BUSINESS OR INDUSTRY: Stieff Silver Co

11. BIRTHPLACE (State or foreign country): Syracuse, Ohio

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Amos Quillen

14. MOTHER'S MAIDEN NAME: Sarha Jane Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 218-09-8269

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) LOBAR PNEUMONIA — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) — DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 8 ..., 19 52, to June 1 ., 1952, and that death occurred at 5:25 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] M.D.
ADDRESS: VAH, FORT HOWARD, MARYLAND
DATE SIGNED: 6-2-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-5-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/4/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — ADDRESS: 6009 Harford Rd. Baltimore, Md.
Mildred T. Blight

VS. A15

Item 9 FilmG143 6/23/92 wlw

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 45

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1. PLACE OF DEATH:
COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Middle River
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1428 Shore Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Middle River
STREET ADDRESS (If rural, give location) 1428 Shore Rd.

3. NAME OF DECEASED: (First) John (Middle) (Last) Rontala
4. DATE OF DEATH: (Month) June (Day) 8 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married	Sept. 16-1876	77 75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Farmer	Retired	Finland	U.S.A.

13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
—		—	Hilda A. Rontala

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Acute Pulmonary Edema	30 minutes
153X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Carcinoma of Lungs, metastatic	6 months
	DUE TO (c) Carcinoma of Large Bowel	2 years

II. OTHER SIGNIFICANT CONDITIONS:
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from May 22, 19 52, to June 8, 19 52, that I last saw the deceased alive on May 22, 19 52, and that death occurred at 7:40 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Eugene P. Shanahan M.D. 413 Eastern Ave Baltimore Md. June 9, 1952

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Cremation	6/11/52	Loudon Pk.	Frederick Rd. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 11, 1952	Edith Hurley	John J. Connelly.	Essex Md.

RECEIVED
JUN 13 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 '88

CERTIFICATE OF DEATH

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ft. Howard
LENGTH OF STAY (in this place): ✓ 3 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Vet.Adm.Hosp., Ft.Howard, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Annapolis
STREET ADDRESS (If rural give location): 22 Lafayette Ave.

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) H (Last) REID

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W-Sep

8. DATE OF BIRTH: 7/4/96

9. AGE last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook

10b. KIND OF BUSINESS OR INDUSTRY: General

11. BIRTHPLACE (State or foreign country): Concord, Ga.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hubbard Reid

14. MOTHER'S MAIDEN NAME: Mattie [illegible] Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes — (If Yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Red.Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

331 X

Immediate cause (a) CERE.RO VASCULAR ACCIDENT — Unknown

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from May 30, 1952, to June 1, 1952, that I last saw the deceased [illegible] and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): BEVERLY H. WHITE M.D. — ADDRESS: VAH, Fort Howard, Md. — DATE SIGNED: 6/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/5/1952 — NAME OF CEMETERY OR CREMATORY: Annapolis National Cemetery — LOCATION (City, town, or county) (State): Annapolis, Md.

DATE RECD BY LOCAL REGISTRAR: June 5, 1952 — REGISTRAR'S SIGNATURE: Lawson Farber

24. FUNERAL DIRECTOR — ADDRESS: Ethel Hicks Funeral Home, 45 N. West St. Annapolis, Md.

RECEIVED
JUN 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbrook
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Brightside Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodbrook
STREET ADDRESS (If rural, give location): Brightside Road

3. NAME OF DECEASED (Type or Print): (First) Henry (Middle) (Last) Rogers

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 1952

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: Sept 17, 1877

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ??

14. MOTHER'S MAIDEN NAME: ??

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Regina Rogers Brightside Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

331K

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 1 hr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 2, 1952, to June 8, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 9.9 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/10/52 — NAME OF CEMETERY OR CREMATORY: Ruxton — LOCATION (City, town, or county) (State): Ruxton, Md.

DATE REC'D BY LOCAL REG.: 6/10/52 — REGISTRAR'S SIGNATURE: A. W. Tedrick

24. FUNERAL DIRECTOR: Geo. C. Kelson — ADDRESS: 1303

Geo. C. Kelson Funeral Dir.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS-115 8-51

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 613 Glen Rock Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Pikesville
STREET ADDRESS (If rural, give location) 613 Glen Rock Road

3. NAME OF DECEASED: (Type or Print) (First) HENRY (Middle) W. (Last) ROYCROFT

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 19 52

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: July 9, 1879

9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Pipe Fitter

10b. KIND OF BUSINESS OR INDUSTRY: Spedden Ship Yard

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: —

14. MOTHER'S MAIDEN NAME: Anna —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Norma Roycroft, 613 Glen Rock Road

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Coronary Thrombosis — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 20 19 52 to June 23 19 52, that I last saw the deceased alive on June 21, 19 52, and that death occurred at 5 20 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) George E. Shannon M.D. ADDRESS 528 Medical Arts Bldg Balto Md DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial

DATE THEREOF 6/25/52

NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery

LOCATION (City, town, or county) (State) Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/24/52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Wm. Cook, Inc. ADDRESS 1217 St. Paul St.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

66191

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 76; HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 Wade ave.	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE [illegible] COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]; STREET ADDRESS (If rural, give location) 14 Wade ave

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob	V	Rudle	June	26	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	6-20-1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Penn.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Jeremiah V. Rudle	Emma Ryan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Degeneration	2 mo.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	2 yr.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 4-25, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William K. Gallagher	M.D.	Catonsville 28, Md.	6-28-52

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	6-30-52	Mount Ethelsdale	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/30/52	V. E. Berry	Mac Nabb & Son	

RECEIVED
JUL 2 1
BUREAU V. &

1951
76
1-8-73
1 4

Item 8 FilmG143 6/23/52 whw

6192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 102. Mars. Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location) 102. Mars. Ave Balto 21.

3. NAME OF DECEASED (Type or Print): (First) Walter (Middle) W. (Last) Rutledge

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Oct 5 1903 48

9. AGE last birthday: 3 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Infant

11. BIRTHPLACE (State or foreign country): Balto Co. Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James. E Rutledge

14. MOTHER'S MAIDEN NAME: Sally E Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Mrs. James Rutledge 102 Mars Ave Balto 21

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Carcinoma — Multiple, Metastatic — 9 mo

192X Antecedent cause (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma — Left Eye. (Neuroblastoma) — 1 yr.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Neuroblastoma — L. Eye

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 1 05 p.m., from the causes and on the date stated above.

SIGNATURE Mrs. Mary E. Lewis Bass (Degree or title) ADDRESS 815 Eastern Ave, Balto DATE SIGNED June 1 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 6/3/52 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem. — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. June 3 1952 — REGISTRAR'S SIGNATURE Faith Hurley

24. FUNERAL DIRECTOR: Lassahn Funeral Home — ADDRESS 7401 Belair Rd

RECEIVED
JUN 13 1
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH · COUNTY: Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Parkelung
LENGTH OF STAY (in this place): 3 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4852 Hazelwood Ave

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md — COUNTY: Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural give location): 4852 Hazelwood Ave

3. NAME OF DECEASED (Type or Print): (First) Emilie (Middle) L (Last) Saalbach

4. DATE OF DEATH: (Month) June (Day) 17 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow — 8. DATE OF BIRTH: Dec 15-1877 — 9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home — 10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Germany — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Franz Loessin — 14. MOTHER'S MAIDEN NAME: Ernestine Zastrow.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No — 16. SOCIAL SECURITY NO.: None — 17. INFORMANT: Mrs Ernestine Herauf 4852 Hazelwood Ave

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

421.4 Immediate cause (a) Chronic Valvular Endocarditis — 5 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Diabetes Mellitus — 4 years

(c) Dyslexia — 4 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anemia — 3 years

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): NO — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR? none

22. I hereby certify that I attended the deceased from Jan 1947, to 6-17 1952, that I last saw the deceased alive on 6-16 1952, and that death occurred at 1:30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) L L Gordy MD — ADDRESS 5106 Harford Rd Baltimore Md — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/19/52 — NAME OF CEMETERY OR CREMATORY: Parkwood Cem — LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. 6/18/52 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR — ADDRESS: Lassahn Funeral Home 7401 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

1 PLACE OF DEATH:
COUNTY Baltimore — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville
LENGTH OF STAY (in this place) 14 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospital

2 USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 1338 Hollins Street

3. NAME OF DECEASED: (Type or Print) (First) Anthony (Middle) J. (Last) Sarullo
4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Sept. 17, 1899
9. AGE Last birthday: 51 52/ yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Barber
10b. KIND OF BUSINESS OR INDUSTRY For Self
11. BIRTHPLACE (State or foreign country): Italy
12. CITIZEN OF WHAT COUNTRY? Unknown
13. FATHER'S NAME: Salvatore Sarullo
14. MOTHER'S MAIDEN NAME: Unknown
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Pulmonary congestion and oedema	3 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Metastatic carcinoma of liver and other organs	Years
	(c) DUE TO secondary to primary carcinoma of prostate	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Coronary atherosclerosis	Years

19a. DATE OF OPERATION: Prior to April 24, 1951
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the prostate
20. AUTOPSY? Yes [X] No [ ]

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work [ ] Not While At Work [ ]
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16- ,1952, to 6-25- , 1952, that I last saw the deceased alive on 6-25- , 1952, and that death occurred at 10:15 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) Ethel B. Hermann-Braun M.D.
ADDRESS Spring Grove State Hospital Catonsville 28, Md.
DATE SIGNED 6-26-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 6/30/52
NAME OF CEMETERY OR CREMATORY Mount Bethel Cemetery
LOCATION (City, town, or county) (State) 4300 Old Frederick Rd
DATE REC'D BY LOCAL REGISTRAR 6/26/52
REGISTRAR'S SIGNATURE A.W. Holmes A.B.
24. FUNERAL DIRECTOR John J. Lowen & Son
ADDRESS Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 95-37

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct name is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 8-51

1. PLACE OF DEATH:

COUNTY Balto — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Cockeysville

LENGTH OF STAY (in this place) life

HOSPITAL OR INSTITUTION OR STREET ADDRESS Ashland Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville

STREET ADDRESS (If rural, give location) Ashland Rd

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
Bertha Irene Schwartz	6 - 18 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W.	single	Oct 25 1876	75 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housework	home	Balto Co. Md	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
George H. Schwartz	Susan R. Frank

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
no	—	—	Miss Eliz. Schwartz Cockeysville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) myocarditis - chronic decompensating	5 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Hypertension	years
443.6	(c) DUE TO Arteriosclerosis - general	years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐
—	—	

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
— M.	—	—

22. I hereby certify that I attended the deceased from 1-1- 1952 to 6-18- 1952, that I last saw the deceased alive on 6-17- 1952, and that death occurred at 6 [illegible] a.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE) ADDRESS	DATE SIGNED
James L. Safell	M.D. Reisterstown Md	6-19-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-21-1952	Jessops Methodist	Sparks Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUN 19 1952	Emma Armistead MacRae	F. Leo Brooks	Sparks Md.

RECEIVED
JUN 24 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

96

Reg. Dist. No. 43

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; LENGTH OF STAY (in this place) 16 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 26 Henry Ave #6; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN; STREET ADDRESS (If rural give location) 26 Henry Ave

3. NAME OF DECEASED (Type or Print): (First) DANIEL (Middle) A. G. (Last) SCHWARTZ

4. DATE OF DEATH: (Month) JUNE (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Nov 2-1879

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired postal Clerk

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt Employed

11. BIRTHPLACE (State or foreign country): Balto City

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Daniel Schwartz

14. MOTHER'S MAIDEN NAME: —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs Olive Ruark 26 Henry Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

153X

Immediate cause (a) Toxic absorption — Interval Between Onset and Death: 2 days.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of large intestine — March 1950

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1950; August 1951

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of large intestine

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 20, 1951, to June 27, 1952, that I last saw the deceased alive on June 27, 1951, and that death occurred at 10:55 P. m., from the causes and on the date stated above.

SIGNATURE: Michael J. Dausch (Degree or title) M.D. ADDRESS: 4636 Belair Road DATE SIGNED: 6-27-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 6/30/52 NAME OF CEMETERY OR CREMATORY: Parkwood Cem LOCATION (City, town, or county) (State): Balto Md

DATE REC'D BY LOCAL REG. JUN 28 1952 REGISTRAR'S SIGNATURE: Huntington Williams, M.D.

24. FUNERAL DIRECTOR: Lassahn Funeral Home ADDRESS: 7401 Belair Rd

6/27/52 A. L. Kleineicher—cs

COPY SENT TO LO[illegible] 7-1-52

RECEIVED
JUL 14 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 31

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 7
LENGTH OF STAY (in this place) 2 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7900 Liberty Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto 7
STREET ADDRESS (If rural, give location) 7900 Liberty Road

3. NAME OF DECEASED (Type or Print): (First) Hannah (Middle) (Last) Scott

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 11-15-1867

9. AGE last birthday: 85 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm Henry Scott

14. MOTHER'S MAIDEN NAME: Hannah Hoslitt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Miss Mary Gaither Columbia Road Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — Interval between onset and death: 1 DAY

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HYPERTENSIVE C.V. DISEASE — 20 YEARS

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: X

19b. MAJOR FINDINGS OF OPERATION: X

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): X

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: X (CITY OR TOWN): X (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: X

INJURY OCCURRED While at Work ☐ Not While At work ☐: X

HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from June 1, 1951, to June 25, 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 10:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Thomas C. Weaver MD Randallstown - Md. 6-25-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-27-52
NAME OF CEMETERY OR CREMATORY: Loudon Park
LOCATION (City, town, or county) (State): Baltimore Md

DATE REC'D BY LOCAL REG.: 6-26-52
REGISTRAR'S SIGNATURE: Wm. E. Loeber

24. FUNERAL DIRECTOR: F. C. Heyinbotham ADDRESS: Ellicott City

RECEIVED
JUN 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard
LENGTH OF STAY (In this place) 61 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1620 S. Charles Street

3. NAME OF DECEASED: (Type or Print) (First) NEWTON (Middle) O. (Last) SHAFFER

4. DATE OF DEATH: (Month) June (Day) 27 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 6-3-77

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Self-Emp.

11. BIRTHPLACE (State or foreign country): Forrestville, Va.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Strather Shaffer

14. MOTHER'S MAIDEN NAME: Catherine Jenkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) SPA

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CARCINOMA OF KIDNEY — unknown
180 X
DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
(b)
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4/23/51

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the left ureter and pelvis

20. AUTOPSY? Yes X No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I VA attended the deceased from Apr. 27, 1952, to June 27, 1952, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
WILLIAM B. VANDEGRIFT, M.D. VAH, FORT HOWARD, MD. 6-28-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 7-1-52 — NAME OF CEMETERY OR CREMATORY Greensboro Cemetery — LOCATION (City, town, or county) (State) Greensboro, Md.

DATE REC'D BY LOCAL REG. 7/1/52 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS
Howard Blight Funeral Home
6009 Harford Road, Baltimore, Maryland
Mildred T. Blight

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

99

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 6 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Md. — COUNTY:

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 1314 So. Charles Street

3. NAME OF DECEASED: (Type or Print) (First) HARVEY (Middle) J. (K.) (Last) SHEWBRIDGE

4. DATE OF DEATH: (Month) June (Day) 20 (Year) 19 52

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		IF UNDER 24 HRS.	
					Months	Days	Hours	Min.
Male	White	Single	12-21-01	50 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs

10b. KIND OF BUSINESS OR INDUSTRY: odd Jobs

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pearl Shewbridge

14. MOTHER'S MAIDEN NAME: Annie Krause

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 219-01-8476

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) EXSANGUINATION IN GASTROINTESTINAL TRACT	UNKNOWN
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) PEPTIC ULCER OF DUODENUM WITH EROSION OF VESSEL	UNKNOWN
DUE TO		
	(c)	

5411.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 14, 19 52, to June 20, 19 52, ~~xxxxxxxxxxxxxxxxxx~~ and that death occurred at 4:20 a.m., from the causes and on the date stated above.

VA

~~xxxxxxxxxxxxxxxxxx~~

SIGNATURE: William B. VanDegrift

(DEGREE OR TITLE) M.D.

ADDRESS: VAH, FORT HOWARD, MARYLAND

DATE SIGNED: 6-20-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 6-23-52

NAME OF CEMETERY OR CREMATORY: Cedar Hill

LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: June 21, 1952

REGISTRAR'S SIGNATURE: P.W.

24. FUNERAL DIRECTOR: Howard Blight Funeral Home

ADDRESS: 6009 Harford Road, Baltimore, Maryland

Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 36

1. PLACE OF DEATH: COUNTY Baltimore. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hillcrest Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkton.
STREET ADDRESS (If rural, give location) Hillcrest Rd.

3. NAME OF DECEASED (Type or Print): (First) James (Middle) H. (Last) Shewell.

4. DATE OF DEATH: (Month) June (Day) 4, (Year) 1952.

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): W. (dowed)

8. DATE OF BIRTH: Sept. 12, 1874

9. AGE last birthday: 77 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist

10b. KIND OF BUSINESS OR INDUSTRY: Mixing Machines

11. BIRTHPLACE (State or foreign country): Finehora, Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Shewell

14. MOTHER'S MAIDEN NAME: Barbara Trout

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.: 185-05-6025

17. INFORMANT AND ADDRESS: Mrs. Vernon Standiford, Parkton Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1951, to June 4, 1952 that I last saw the deceased alive on June 3, 1952, and that death occurred at 12:50 A.m., from the causes and on the date stated above.

SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED
A. M. Frame M.D. Parkton Md 6/5/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)
Burial June 6 1952 Reformed Cemetery Glen Rock York Co. Penna

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS
June 5 1952 Chester G. Benton Jacob Bortenstein New Freedom Pa.

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15A

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville (Balto 14) — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7715 Wilson Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Parkville (Balto 14)
STREET ADDRESS (If rural, give location) 7715 Wilson Ave

3. NAME OF DECEASED (Type or Print): (First) Virginia (Middle) Olivia (Last) Shoemaker
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widow	1/8/1903	49 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Work
10b. KIND OF BUSINESS OR INDUSTRY: at Home
11. BIRTHPLACE (State or foreign country): Baltimore Md.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: John B. Tolley
14. MOTHER'S MAIDEN NAME: Anna A. Murphy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) —
(If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT: Mrs. Audrey V. Fitzinger

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Heart disease, vasqular with coronary occlusion	Sudden
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (420.1)	(b) Chronic myocarditis	Unknown
	(c) Hypertension (cardio-vascular disease)	4 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Rollin E. Hudson (Degree or title) M.D. D.M.E. — ADDRESS: Towson Md — DATE SIGNED: 6/23/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6/26/52 — NAME OF CEMETERY OR CREMATORY: New Cathedral Cem. — LOCATION (City, town, or county) (State): 4900 Old Frederick Rd

DATE REC'D BY LOCAL REG. 6/23/52 — REGISTRAR'S SIGNATURE: A.W. Redmond — 24. FUNERAL DIRECTOR: John J. Townsdon — ADDRESS: 900 W. Lafayette St. Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson; LENGTH OF STAY (in this place) 3 mos. 29 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS The Sheppard & Enoch Pratt Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Montgomery; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 5508 Roosevelt St., Bethesda, Md.; STREET ADDRESS (If rural, give location) 5508 Roosevelt St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Marilyn	Lauter	Shore	June	8	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	June 29, 1925	26 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Home Economist		Washington, D. C.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Carl J. Lauter	Mildred O. Hirth

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None		HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Encephalomalacia	10 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Post hypoglycemic stupor	"
	(c) Dementia praecox	6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Feb 9, 1952, to June 8, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 11:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) W. Kelgin M.D. ADDRESS THE SHEPPARD & ENOCH PRATT HOSPITAL DATE SIGNED 6/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 12, 1952	Cedar Hill	Suitland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
June 10, 1952	Mabel C. Gray	Martin W. Kyong Co	1300 N St N W

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 11 195
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Franklinville
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (Type or Print) (First) JOEL (Middle) E. (Last) SLAUGHTER

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-24-96

9. AGE Last birthday: 55 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: AUTOMOTIVE

11. BIRTHPLACE (State or foreign country): Harmony Village, Va.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Joel Patrick Slaughter

14. MOTHER'S MAIDEN NAME: Rachael E. Mason

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 213-07-2597

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) CORONARY OCCLUSION ..... UNKNOWN

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) ARTERIOSCLEROSIS ..... UNKNOWN

DUE TO (c)

42

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 3, 19 52, to June 5, 1952, [illegible] and that death occurred at 3:55 A. M., from the causes and on the date stated above.

SIGNATURE (Degree or title): WILLIAM B. VAN DE WATER, M. D. — ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-5-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-9-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REGISTRAR: 6/6/52 — REGISTRAR'S SIGNATURE: [signature] — ADDRESS

24. FUNERAL DIRECTOR: Howard Blight Funeral Home — 6009 Harford Road, Baltimore, Maryland

T Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH — COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place): 8 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Recede Knoll Home Maiden Choice Lane

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 1103 W. 37th Street

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) F. (Last) Smith
4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Feb. 14, 1862
9. AGE last birthday: 90 yrs. If under 1 yr. Months / Days / If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles Smith
14. MOTHER'S MAIDEN NAME: Mary Theresa Burke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ----
17. INFORMANT AND ADDRESS: P. J. Prosser 5201 Eugene Avenue

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Arteriosclerotic C-V disease	2 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Arteriosclerosis, generalized	40 yrs.
	(c)	Senility	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec., 19 51, to June, 19 52, that I last saw the deceased alive on 4 June, 19 52, and that death occurred at 10:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thos. H. McKinney Jr MD
ADDRESS: 20 E Preston St Balto 2
DATE SIGNED: 5 June 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: June 7, 1952
NAME OF CEMETERY OR CREMATORY: New Cathedral
LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG.: 6/6/52
REGISTRAR'S SIGNATURE: a w Hodges
24. FUNERAL DIRECTOR: Burgee Funeral Home
ADDRESS: 3631 Falls Road
Horace F. Burgee

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18[illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. ..

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Baltimore MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Fort Howard
LENGTH OF STAY (in this place) 36 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE District of Columbia COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington
STREET ADDRESS (If rural give location) 419 Columbia Road, N. W.

3. NAME OF DECEASED: (Type or Print) (First) WILLIAM (Middle) E. (Last) SMITH

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3-19-95

9. AGE last birthday: 57 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Clerk (Gov't.)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bowling Green, Kentucky

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: William G. Smith

14. MOTHER'S MAIDEN NAME: Marie I. Waters

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) CARCINOMA OF LIVER

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death: UNKNOWN

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-14-52

19b. MAJOR FINDINGS OF OPERATION: Removal of Tissue from Liver for Biopsy

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 29 19 52, to June 4, 19 52, that I last saw deceased alive on [illegible] 19[illegible] and that death occurred at 10:40 P. M., from the causes and on the date stated above.

SIGNATURE (Degree or title) WILLIAM VANDEGRIFT, M. D.

ADDRESS VAH, FORT HOWARD, MARYLAND

DATE SIGNED 6-5-52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal

DATE THEREOF

NAME OF CEMETERY OR CREMATORY Arlington National Cemetery

LOCATION (City, town, or county) Fort Myer, Virginia (State)

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR June 6 1952 (Mr Benson) [illegible]

24. FUNERAL DIRECTOR Charles R. Law ADDRESS 802 Madison Ave., Baltimore, Maryland

SHIP TO Frazier's Funeral Home, Inc., 389 Rhode Island Ave., N. W., Wash., D.C.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 306

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: BALTIMORE — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: CATONSVILLE
LENGTH OF STAY (in this place): 5 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: SPRING GROVE STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MARYLAND — COUNTY: CITY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BALTIMORE 2
STREET ADDRESS (If rural give location): 1802 ST PAUL STREET

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last): ELIZABETH C. SOLANKA

4. DATE OF DEATH: (Month) (Day) (Year): JUNE 15 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: SEPT. 3 1909

9. AGE Last birthday: 42 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): VIRGINA

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JAMES P. HOWELL

14. MOTHER'S MAIDEN NAME: ~~ESTHER~~ Lith SLUSHER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.): no — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: HOSPITAL RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause — (a) HEART FAILURE

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) LAENNEC'S CIRRHOSIS OF THE LIVER — Interval Between Onset And Death: Unknown
DUE TO (c) TUBERCULOUS PERITONITIS, CHRONIC — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-10 ..., 1952, to 6-15 ..., 1952, that I last saw the deceased alive on 6-14 ..., 1952, and that death occurred at 6 A m 6-15-52, from the causes and on the date stated above.

SIGNATURE (Degree or title): Gertrude J. Fleischmann M.D. — ADDRESS: Physician Psychiatry — DATE SIGNED: .

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/17/52 — NAME OF CEMETERY OR CREMATORY: Baltimore Cem. — LOCATION (City, town, or county): Balto. — (State): Md.

DATE REC'D BY LOCAL REGISTRAR: 6/17/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Wm. J. Pickens & Sons — ADDRESS: Balto 17 Md

Items 7-17: From funeral director 6-30-52-L

207

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Nursing Home House in the Pines

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 112 S. Curley Street

3. NAME OF DECEASED (Type or Print): (First) WALTER (Middle) SCOTT (Last) STANSBURY

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 7-4-71

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: general

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Walter Stansbury

14. MOTHER'S MAIDEN NAME: Pauline

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Mrs. Anna Stansbury 112 S. Curley St Balto Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Insufficiency — Interval between onset and death: 3 mos.

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Generalized Arteriosclerosis — 10 years.
(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Diabetes Mellitus — 2 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1951, to 6-27, 1952 that I last saw the deceased alive on 6-27, 1952, and that death occurred at 12:05 P.M., from the causes and on the date stated above.

SIGNATURE: Nelson K. Gallagher — (Degree or title) M.D. — ADDRESS: Catonsville 6-25, Md. — DATE SIGNED: 6-27-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6/30/52 — NAME OF CEMETERY OR CREMATORY: Parkwood Cemetery — LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6-30-52 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. — ADDRESS: BALTO., 13, MD. — Henry J. Sander

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: BALTO. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: BROOKLANDVILLE
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Julie - Valley Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Woodlandville
STREET ADDRESS (If rural, give location): Valley Road. - Villa Julie

3. NAME OF DECEASED (Type or Print): (First) SISTER (Middle) JULIA (HELEN Q.) (Last) STOKES
4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: July 17, 1891
9. AGE last birthday: 60 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): TEACHER
10b. KIND OF BUSINESS OR INDUSTRY: RELIGIOUS
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: PATRICK WM.
14. MOTHER'S MAIDEN NAME: THERESA HOLLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Villa Julie Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis of cerebral Vessels — Interval Between Onset and Death: 14 yrs

4 / Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1949, to June 25, 1952, that I last saw the deceased alive on 6-24, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Harold H Burns MD. — ADDRESS: 115 E EATON St. Cit. — DATE SIGNED: 6/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 6-27-52 — NAME OF CEMETERY OR CREMATORY: Trinity Convent Cem. — LOCATION (City, town, or county): Ilchester — (State): Md.

DATE REC'D BY LOCAL REG.: 6/30/52 — REGISTRAR'S SIGNATURE: E E Nichols — 24. FUNERAL DIRECTOR: George A. Farley — ADDRESS: Catonsville, Md.

RECEIVED
JUL 2 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 41

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY BALTO. — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6744 Woodley Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY BALTO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DUNDALK (22)
STREET ADDRESS (If rural, give location) 6744 Woodley Rd.

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) DEWEY (Last) STONEBACK
4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M.	W.	MARRIED	5-1-1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK
10b. KIND OF BUSINESS OR INDUSTRY: STEEL MFGR.
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ALLEN STONEBACK
14. MOTHER'S MAIDEN NAME: ESTHER ULMER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 213-07-0189
17. INFORMANT AND ADDRESS: MRS. ANNA S. STONEBACK, SAME

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary Occlusion	7 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardiac.	4 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 6-24-52, 19..., to 6-25-52, 19..., that I last saw the deceased alive on 6-25-52, 19..., and that death occurred at 1:21 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): John D. Sims MD — ADDRESS: Dundalk-R-Md — DATE SIGNED: 6/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	6-27-52	MORELAND MEM.	BALTO. MD.

DATE REC'D BY LOCAL REG.: June 27-1952 — REGISTRAR'S SIGNATURE: William M. Kelly

24. FUNERAL DIRECTOR: Wenta Linda Bradley — ADDRESS: Dundalk, Md. St.

RECEIVED
JUL 1 19..
BUREAU V. S.

211

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dulaney Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Balto.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Phoenix
STREET ADDRESS (If rural, give location) Stansbury Mill Road

3. NAME OF DECEASED (Type or Print): (First) Gailey (Middle) Royston (Last) Streett
4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 12, 1914
9. AGE last birthday: 37 yrs. — If under 1 year: Months, Days; If under 24 hrs: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ERECTOR
10b. KIND OF BUSINESS OR INDUSTRY: SHIP YARD
11. BIRTHPLACE (State or foreign country): PENNA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GAILEY STREETT
14. MOTHER'S MAIDEN NAME: CATHERINE STREETT
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: FAMILY RECORDS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fractures: Skull, cervical spine, cerebral contusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Auto accident, driver, alone - crashed into culvert — Sudden

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Highway | (CITY OR TOWN) Towson | (COUNTY) Balto. | (STATE) Md.
TIME OF INJURY (Month) June (Day) 19 (Year) 1952 (Hour) 10:12 A m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Auto accident - driving alone, struck culvert

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Lt. Clin C. Hudson MC. USN — (Degree or title): M.D. — ADDRESS: Towson Md — DATE SIGNED: 6/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL | DATE THEREOF: JUNE 22, 1952 | NAME OF CEMETERY OR CREMATORY: GOODWILL CEMETERY | LOCATION (City, town, or county) (State): HESS, HARFORD CO., MD.

DATE REC'D BY LOCAL REG. June 23, 1952 | REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR — ADDRESS: JOHN BURNS' SONS, TOWSON, MD.

VS-A45A

RECEIVED
JUN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Maria Glenarm P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Notch Cliff — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
STREET ADDRESS (If rural, give location): Glenarm Rd

3. NAME OF DECEASED (Type or Print): (First) Sister (Middle) Mary Aquina (Last) Stuppert

4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Single	Feb. 22 - 1866	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Religious
11. BIRTHPLACE (State or foreign country): Mainz Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Stuppert
14. MOTHER'S MAIDEN NAME: Appolonia Rupert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocarditis	4 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio-	
	(c) Renal Vascular disease	11 yrs.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1952, to June 12, 1952, that I last saw the deceased alive on June 12, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles F. O'Donnell MD — ADDRESS: 7501 York Rd. — DATE SIGNED: 6/14/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	6-16-52	VILLA MARIA	NOTCH CLIFF MD

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/16/52	W W Peters	Charles L. Fessler	961 S. CONKLINE ST.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

12

Reg. Dist. No. 35

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall RD — LENGTH OF STAY (In this place) 6 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Parkton Md RD. — COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN White Hall RD 2 md
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HARRY	CLAYTON	STULL	June	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	June 27 1872	79 yrs.	11	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer tenant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll Co Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Stull
14. MOTHER'S MAIDEN NAME: Eliza J Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs Blanche Stull White Hall Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Crushed skull

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

E 812.4

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☑ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Farm
(CITY OR TOWN) White Hall, (COUNTY) Balto. (STATE) Md
TIME OF INJURY (Month) June (Day) 25 (Year) 1952 (Hour) 11 a.m.
INJURY OCCURRED While at work ☑ Not while at work ☐
HOW DID INJURY OCCUR? Tractor ran over him

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☑, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A. M. France	M.D.	Parkton, Md	6/26/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 27, 1952	Emory	Upperco	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/24/52	Lancaster T Fuller	J. Frank Hartenstine	New Freedom Pa

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 7
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 32

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mount Wilson; LENGTH OF STAY (In this place) 1 mon. 1 day; HOSPITAL OR INSTITUTION OR STREET ADDRESS Mt. Wilson State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore; STREET ADDRESS (If rural, give location) 1721 E. Baltimore Street

3. NAME OF DECEASED (Type or Print): (First) Stephen; (Middle) Anthony; (Last) Suski

4. DATE OF DEATH: (Month) June; (Day) 20; (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Sep.

8. DATE OF BIRTH: Aug. 23, 1912

9. AGE last birthday: 39 yrs. If under 1 year: Months 9; Days 28; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - Merchant Marine

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Suski

14. MOTHER'S MAIDEN NAME: Victoria Rabbit

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No; (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-12-3996

17. INFORMANT AND ADDRESS: Stephen Anthony Suski

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

X Immediate cause (a) Far advanced pulmonary tuberculosis — Interval Between Onset and Death: Approx. 9 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Tuberculosis Laryngitis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.); (CITY OR TOWN); (COUNTY); (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 19 52, to June 20, 19 52, that I last saw the deceased alive on June 20, 19 52, and that death occurred at 11:50 Am., from the causes and on the date stated above.

SIGNATURE: William Newman (Degree or title) M.D ADDRESS Mt Wilson Md. DATE SIGNED 6-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL; DATE THEREOF: June 23,1952; NAME OF CEMETERY OR CREMATORY: Holy Rosary Cemetery; LOCATION (City, town, or county) (State): Baltimore County, Md.

DATE REC'D BY LOCAL REG. June 20,1952; REGISTRAR'S SIGNATURE: Helen R. Mayer

24. FUNERAL DIRECTOR: Lilly & Zeiler Inc. ADDRESS 403 S. Wolfe St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

CEIVED
UN 25 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): Catonsville

LENGTH OF STAY (in this place): 2 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY:

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town): La Plata

STREET ADDRESS (If rural give location): Unknown

3. NAME OF DECEASED: (Type or Print) (First) Henry (Middle) Columbus (Last) Swann

4. DATE OF DEATH: (Month) June (Day) 25, (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: 7-20-1871

9. AGE last birthday: 80 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Charles Co., Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry C. Swann

14. MOTHER'S MAIDEN NAME: Rose Oliver

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
420.0 Immediate cause	(a)	Cardio-respiratory failure	1 day
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	DUE TO (b)	Arteriosclerotic heart disease	Years
	DUE TO (c)	Generalized arteriosclerosis	Years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Senile arteriosclerotic nephrosclerosis	Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23-52 19 , to 6-25- , 1952 , that I last saw the deceased alive on 6-25-, 1952 , and that death occurred at 11:50 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title): Ethel B. Hermann-Grew MD

ADDRESS: Spring Grove State Hospital, Catonsville 28, Md.

DATE SIGNED: 6-26-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: 6/30/52

NAME OF CEMETERY OR CREMATORY: University Med School

LOCATION (City, town, or county) (State): Baltimore City Md

DATE REC'D BY LOCAL REGISTRAR: 6/30/52

REGISTRAR'S SIGNATURE: V E Harris

24. FUNERAL DIRECTOR: Frances A Hemeley

ADDRESS: 5-7-8 N Biddle St

RECEIVED
JUL 2 195-
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

215

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Maria Glenarm Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff nr Towson, Md
STREET ADDRESS (If rural, give location): Glenarm Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary Ida (Middle) Thies (Last)

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: April 30 1864

9. AGE last birthday: 88 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rochester N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthias Thies

14. MOTHER'S MAIDEN NAME: Anna Ege

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Sr. Mary Clare Notch Cliff Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval between onset and death: 24 Hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertension Cardio-
(c) Renal Vascular Disease 10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 19 5 2, to June 29, 19 5 2, that I last saw the deceased alive on June 29, 19 5 2, and that death occurred at 4.10 P. m., from the causes and on the date stated above.

SIGNATURE: [illegible] (Degree or title) ADDRESS: [illegible] DATE SIGNED: 6/30/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: July 2, 1952 — NAME OF CEMETERY OR CREMATORY: Villa Maria Cem. — LOCATION (City, town, or county) (State): Notch Cliff nr Towson

DATE REC'D BY LOCAL REG.: 7/1/52 — REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: Charles L. Zeiler — ADDRESS: 901 S Caroline St Balto 24, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

BEGIN RETURNED FOR RINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto. CO. CATONSVILLE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WAYNE CON. HOME ~~3114 Howard Park Ave.~~	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
	STREET ADDRESS (If rural, give location) 3114 Howard Park Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLAUDIA	M.	THOMAS	June 27, 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. Days	If under 24 hrs.: Hours Min.
female	white	Widowed	Oct. 7, 1874	77 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Milford Wright	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
no		no	Mr. Vernon Thomas-3114 Howard Park Ave.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	
422.1 Antecedent cause(s)	(b) Chronic Myocarditis.	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arterio Sclerosis Generalized	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 16 June 1952 to 27 June 1952, that I last saw the deceased alive on 27 June 1952, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
H. E. Smith M.D.	Catonsville 28 Md	27 June 52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/30/52	Lorraine Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUN 29 1952	Huntington Williams, M.D.	Wm. J. Tickner & Sons Balto. Md.	

July 2, 1952 amended

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R - Baltimore; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Midhurst Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R - Baltimore; STREET ADDRESS (If rural, give location) 104 Midhurst Rd.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) EDWARD (Last) THURSBY

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 9, 1891

9. AGE last birthday: 60 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bay Pilot

10b. KIND OF BUSINESS OR INDUSTRY: Pilot's Ass'n.

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John E. Thursby

14. MOTHER'S MAIDEN NAME: Emma V. McNamara

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 215-32-9143

17. INFORMANT AND ADDRESS: Mrs. G. Roberta Thursby 104 Midhurst Rd. (12)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic myocarditis.	8 years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary artery disease.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 19.52., to June 14, 1952., that I last saw the deceased alive on June 13, 1952., and that death occurred at 2.45 a.m., from the causes and on the date stated above.

SIGNATURE: William J. Schaitz (Degree or title) M.D. ADDRESS: 701 N. Kenwood Ave., Baltimore, Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): burial | DATE THEREOF: 6/17/52 | NAME OF CEMETERY OR CREMATORY: Druid Ridge Cemetery | LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG.: 6/17/52 | REGISTRAR'S SIGNATURE: A. W. Bodnar | 24. FUNERAL DIRECTOR: HENRY SANDER & SONS, INC. BALTO., 13, MD. | ADDRESS: Geo. J. Sander

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Denis; LENGTH OF STAY (in this place) 17 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1827 Luther ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN St Denis
STREET ADDRESS (If rural, give location) 1827 Luther ave

3. NAME OF DECEASED (Type or Print): (First) GEORGE (Middle) HERBERT (Last) TRACY JR
4. DATE OF DEATH: (Month) 6 (Day) 30 (Year) 1952
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): SINGLE
8. DATE OF BIRTH: JAN 26 1934
9. AGE last birthday: 18 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): WELDING
10b. KIND OF BUSINESS OR INDUSTRY: STEEL WORK
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: GEORGE HERBERT TRACY SR
14. MOTHER'S MAIDEN NAME: ELVA - WHITEHEAD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: DANIEL E. TRACY SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) HEART FAILURE

1971 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) METASTSIS TO LUNGS

(c) SARCOMA of RIGHT THIGH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. EMACIATION

19a. DATE OF OPERATION: 30 JAN 52
19b. MAJOR FINDINGS OF OPERATION: ADENO-SARCOMA RT THigh (FEMUR)
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 20 JAN, 1952, to 30 June, 1952, that I last saw the deceased alive on 28 June, 1952, and that death occurred at 6:00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) George E. Gruber MD ADDRESS Glendale Md DATE SIGNED 30 June 52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE July 2-52 NAME OF CEMETERY OR CREMATORY Ivy Hill LOCATION (City, town, or county) Laurel (State) Md

DATE REC'D BY LOCAL REG. July 1, 1952 REGISTRAR'S SIGNATURE Mrs. H. Bird Wilkinson

24. FUNERAL DIRECTOR AND ADDRESS Hewitt Kingdon Laurel Md

George L. M. Kelber

RECEIVED
JUN 25 1952
BUREAU P. S.

6219

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH
COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
MARYLAND — LENGTH OF STAY (in this place): 14 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 622 Warwick Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Kensington
STREET ADDRESS (If rural, give location): 622 Warwick Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Nicholas (Last) Tribbe

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: October 7, 1881

9. AGE last birthday: 70 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinest

10b. KIND OF BUSINESS OR INDUSTRY: Bendix Radio

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Tribbe

14. MOTHER'S MAIDEN NAME: Mary Buxmeyer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 214-01-1543

17. INFORMANT AND ADDRESS: Anthonia Tribbe 622 Warwick Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a): Pulmonary Edema — Interval Between Onset and Death: Unknown

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b): Carcinomatosis of Lung (Bronchogenic)

(c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Hypertension Peripheral Vascular Disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 1951, to June 19, 1952 that I last saw the deceased alive on June 19, 1952, and that death occurred at 6.15 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title): Richard Yutzy — ADDRESS: 2151 Wilkins Ave — DATE SIGNED:

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-23-52	Meadow Ridge Memorial	Howard County, Md

DATE REC'D BY LOCAL REG.: June 20 52 — REGISTRAR'S SIGNATURE: Earl McKeyfer

24. FUNERAL DIRECTOR — ADDRESS: Geo. L. Schwab 2101 Frederick Ave

RECEIVED
JUN 23 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15-1

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (in this place) 1; HOSPITAL OR INSTITUTION OR STREET ADDRESS 114 S Symington Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 114 S Symington Ave

3. NAME OF DECEASED (Type or Print): (First) Ada (Middle) M (Last) Tucker

4. DATE OF DEATH: (Month) 6 (Day) 13 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 1/27/74

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: House wife

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Mrs Daisy Meeks

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL DEGENERATION, CHRONIC..	18 Mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) SENILITY.	1 Yr
	(c)	

422.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) 0

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 0 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1951, to June 12, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 5:30 A m., from the causes and on the date stated above.

SIGNATURE: J. Lloyd Johnson (Degree or title) M.D. ADDRESS: 6348. Frederick Rd, Catonsville Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-16-52 | NAME OF CEMETERY OR CREMATORY: Mt Lebanon | LOCATION (City, town, or county) (State): Catonsville Md.

DATE REC'D BY LOCAL REG.: 6-16-52 | REGISTRAR'S SIGNATURE: V E Harry

24. FUNERAL DIRECTOR, ADDRESS: MacHaire & Son

RECEIVED
JUN 17 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; LENGTH OF STAY (In this place) 6 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 28 Bloomsbury Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Catonsville; STREET ADDRESS (If rural, give location) 28 Bloomsbury Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MONROE	LANCE	TUCKER	June	26,	1952.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	July 11, 1909	42 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Tucker

14. MOTHER'S MAIDEN NAME: Allie Derflinger

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — —

16. SOCIAL SECURITY NO. 213-09-6085

17. INFORMANT AND ADDRESS: Mrs. Edythe Tucker, Catonsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Embolism	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Heart Disease	15 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19 52, to June 26 19 52, that I last saw the deceased alive on June 26, 19 52, and that death occurred at 11:6 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Geo A Kortman, Jr. | ADDRESS 5 Glendale Ave | DATE SIGNED 6-28-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	June 30, 1952.	Good Shepherd Cemetery	Ellicott City	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6-29-52	T E Harris	Easton Sons	Catonsville, Md.

VS: AT5

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUL 1 1952
BUREAU OF MINES

Item 6 Fil G143 6/16/52

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Armacost Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) Stevenson Lane

3. NAME OF DECEASED (Type or Print): (First) SARAH (Middle) ELIZABETH (Last) VHRBROCK
4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	white	Widow	Jan. 21, 1864	88 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At Home	Maryland	USA

13. FATHER'S NAME: Stephen Redden
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No None	None	Family Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Cardiac Failure -

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis

(c) Mild Hemiplegia (left)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec., 1949, to June 9, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Laurence C. Fosh	M.D.	6805 York Rd	6/10/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
BURIAL	June 12, 1952	Goodwill Methodist Cem.	Somerset Co., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR, ADDRESS
June 10, 1952	Mabel C. Gray	John Burns' Sons, Towson, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
JUN 11
BUREAU V. S.

Item 18 Film C145 7-30-52 ams

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Baltimore; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Howard
LENGTH OF STAY (in this place) 30 minutes
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1116 Forrest Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	N.	VEREKER	June	10	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	3-15-01	51 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]		Baltimore, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Vereker	Alice Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes WW II	Unknown	Clin.Rec., Vet. Adm. Hosp., Ft. Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) ASPHYXIA ACCIDENTAL	
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ATROPHY OF HYPOPHYSIS	UNKNOWN
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection , Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X accident , suicide , homicide , undetermined .*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Clarmont M.D. Deputy Medical Examiner Baltimore, Md. 6/11/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June-14-1952	St. John's Cemetery	Long Green, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/13/52	[signature]	Joseph Joerdens Funeral Home	1017 E. North Ave., Baltimore, Maryland

VS. A15A

24

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A13

1. PLACE OF DEATH: COUNTY Baltimore MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS 1704 Hospital Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY [illegible]; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Relay; STREET ADDRESS (If rural, give location) 10-4 [illegible]

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Amon (Last) Wagner

4. DATE OF DEATH: (Month) June (Day) 25 (Year) 1952

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 3 1870

9. AGE last birthday: 82 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY: [illegible]

11. BIRTHPLACE (State or foreign country): [illegible]

12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): [illegible]

16. SOCIAL SECURITY No.: [illegible]

17. INFORMANT AND ADDRESS: [illegible] Mrs. Mildred E. Wagner (wife) Relay

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) [illegible] — Interval Between Onset and Death: [illegible]

350X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible] [illegible]

(c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. [illegible]

19a. DATE OF OPERATION: [illegible]

19b. MAJOR FINDINGS OF OPERATION: [illegible]

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): [illegible]

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: [illegible] (CITY OR TOWN) [illegible] (COUNTY) [illegible] (STATE) [illegible]

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: [illegible]

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? [illegible]

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 6-28-52 | NAME OF CEMETERY OR CREMATORY: Marvin Chapel Cem. | LOCATION (City, town, or county) (State): Plane 4 - Md.

DATE REC'D BY LOCAL REG.: 6/25/52 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: John T. Stansbury ADDRESS: Woodlawn

1712

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 52

CERTIFICATE OF DEATH

Reg. Dist. No. 30

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:

COUNTY: Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Catonsville

LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Spring Grove State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE: Maryland — COUNTY: Baltimore

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lonaconing

STREET ADDRESS (If rural give location): ////////////////

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
Margaret	C.	Wagner	June	27	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE Last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed	24 September 1882	69 yrs.	9 / 27	

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	domestic	Maryland	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
~~unknown~~ David Ritchie	~~unknown~~ Martha Love

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no		no	Hospital Records, Spring Grove Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Terminal pneumonia	6 hours
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Generalized cardiovascular arteriosclerosis	indefient
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 12/14, 1938, to 6/27, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 9:10 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Chas. W. Schneidemuhl M.D. — ADDRESS: Spring Grove State Hospital, Catonsville 28, Md. — DATE SIGNED: 6/27/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6/30/52	Oak Hill Cem.	Lonaconing, Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
JUN 29 1952	Huntington Williams, M.D. Victor E. Harry	Wm. Fischer & Sons	Balto 17, Md.

COPY SENT TO ~~LOCAL~~ CHO REGISTRAR No.____DATE 7/1/52

RECEIVED
JUL 1 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 35

1. PLACE OF DEATH
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and OR (Give nearest town) TOWN Bentley Springs. — LENGTH OF STAY (in this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Baltimore.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bentley Springs.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Arnon (Middle) C. (Last) Wall

4. DATE OF DEATH: (Month) June (Day) 26 (Year) 1952

5. SEX: Male (MALE) — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: Jan. 26, 1897 — 9. AGE last birthday: 55 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic — 10b. KIND OF BUSINESS OR INDUSTRY: Auto. — 11. BIRTHPLACE (State or foreign country): Bear Creek, N. C. — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Addison Wall, ADDISON — 14. MOTHER'S MAIDEN NAME: Eliza Hardin.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes. — (If yes, give war or dates of service): World War I. 6/3/18 – 4/5/19. — 16. SOCIAL SECURITY NO.: 241-18-5258 — 17. INFORMANT AND ADDRESS: Mrs. Olive Wall, Bentley Springs Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945, to June 26 1952, that I last saw the deceased alive on June 25, 1952, and that death occurred at 1:30 m., from the causes and on the date stated above.

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

C. W. Frame M.D. Rankin, Md. 6/26/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF June 29, 1952 — NAME OF CEMETERY OR CREMATORY Forest Lawn Cemetery — LOCATION (City, town, or county) Greensboro, (State) N. C.

DATE REC'D BY LOCAL REG. 6/27/52 — REGISTRAR'S SIGNATURE Chester L. Fenton — 24. FUNERAL DIRECTOR — ADDRESS Jacob Starkenstein, New Freedom, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
JUL 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15A

1. PLACE OF DEATH: COUNTY Baltimore; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Essex; LENGTH OF STAY (In this place) 24 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 22 N. Hawthorne ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Same.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) D. (Last) Walters.

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 52

5. SEX: Male.

6. COLOR OR RACE: White.

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married.

8. DATE OF BIRTH: Mar 4/1888

9. AGE last birthday: 64 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Even if retired): Miner Coal.

10b. KIND OF BUSINESS OR INDUSTRY: Bit Coal.

11. BIRTHPLACE (State or foreign country): Pa. Shickshinny.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Walters

14. MOTHER'S MAIDEN NAME: Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: 166-16-4117

17. INFORMANT AND ADDRESS: Mrs. Marie Agnes Walters (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Amyotrophic Lateral Sclerosis.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition (c) Dehydration.

INTERVAL BETWEEN ONSET AND DEATH:

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN):

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): 6-14-52 3 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? None

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title): A. McCarmine M.D. Deputy Medical Examiner. ADDRESS: Balto Co. Dundalk 22 Md. DATE SIGNED: 6/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal

DATE THEREOF: June 14-52

NAME OF CEMETERY OR CREMATORY: Kingston Pa.

LOCATION (City, town, or county) (State):

DATE REC'D BY LOCAL REG.: June 14th 1952

REGISTRAR'S SIGNATURE: R.W.

24. FUNERAL DIRECTOR: Wm Cook Inc - Baltimore. ADDRESS:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 37

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cockeysville — LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cockeysville Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cockeysville
STREET ADDRESS (If rural, give location) Cockeysville Rd.

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Walters

4. DATE OF DEATH: (Month) 6 (Day) -19 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow

8. DATE OF BIRTH: May 17, 1860

9. AGE last birthday: 92 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Harford Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Martin

14. MOTHER'S MAIDEN NAME: Rachel Goodwin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no

16. SOCIAL SECURITY NO.: (If Yes, give war or dates of service) —

17. INFORMANT & ADDRESS: Mrs Elsie Beares, Cockeysville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Arteriosclerotic cardiovascular disease — DUE TO — Interval Between Onset and Death: many years.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) DUE TO

(c)

422.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to June 19, 1952, that I last saw the deceased alive on June 16, 1952, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Elwood B. Sheild M.D. — ADDRESS Cockeysville, Md. — DATE SIGNED 6/19/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 6-21-52 — NAME OF CEMETERY OR CREMATORY Cedar Grove — LOCATION (City, town, or county) (State) Ever. Balto Co. Md

DATE REC'D BY LOCAL REG. 2 Jun 52 — REGISTRAR'S SIGNATURE Anne Armistead MacRae

24. FUNERAL DIRECTOR J. Scott Brooks — ADDRESS Sparks, Md.

RECEIVED
JUN 24 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2049

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AI 8-51

1. PLACE OF DEATH:

COUNTY Baltimore — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard

LENGTH OF STAY (in this place): 259 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. — COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 903 N. Lonroe Street

3. NAME OF DECEASED: (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
(Type or Print) ERNEST	III	WEATHERSPOON	June	14	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Colored	Married	9-15-14	37 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Laborer	Electrical Supply House	Jamestown, S. Carolina	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Weatherspoon	Patsy Vanderlorst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
Yes WW II	217-01-3205	Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CARCINOMA, LEFT LOWER LOBE, LUNG	UNK.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
12-10-51	Thoracotomy; Decortication, Lt. Lung	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19, 1951, to June 14 1952, that I last saw the deceased alive on June 14, 1952, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

SIGNATURE: John M. Daniels — (DEGREE OR TITLE) JACK M. [illegible], M.D. — ADDRESS: VA, FORT HOWARD, MARYLAND — DATE SIGNED: 6-14-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	6-17-52	Baltimore National	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/17/52	C W Hedrick	Charles R. Law	802 Madison Ave., Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 31

CERTIFICATE OF DEATH

Reg. Dist. No. 33

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1

U.S. Air 8-51

1. PLACE OF DEATH:
COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills
LENGTH OF STAY (in this place): 1 yr. 7 mos. 23 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood State Training School

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Allegheny
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cumberland
STREET ADDRESS (If rural, give location) 102 Humbird Avenue

3. NAME OF DECEASED: (Type or Print) (First) Jerry (Middle) Ronald (Last) Weaver

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-10-38

9. AGE last birthday: 13 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Tunnelton, W. Va.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME: Harry Raymond Weaver

14. MOTHER'S MAIDEN NAME: Angela Uphold

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Rosewood School record, Owings Mills, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Epilepsy with aspiration asphyxia	2 hrs.
491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Bronchitis	chronic 2 mos+
	DUE TO (c) Broncho-pneumonia	2 mos.+

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Spastic epileptic invalid — Life

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: Findings of autopsy (as above)

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 10 19 50, to June 1, 19 52, that I last saw the deceased alive on June 1, 19 52, and that death occurred at 6:40 AM m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Isabel H. Mc. Clanahan M.D. — ADDRESS Rosewood-Owings Mills, Md. — DATE SIGNED June 2/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF June 4, 1952 — NAME OF CEMETERY OR CREMATORY Davis Memorial Cemetery — LOCATION (City, town, or county) (State) Cumberland, Maryland

DATE REC'D BY LOCAL REG 6/2/52 — REGISTRAR'S SIGNATURE W W Hedrick — **24. FUNERAL DIRECTOR** Howard H. Hubbard — ADDRESS 2503 Edmondson Ave. Balto Md.

06231

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. ....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — LENGTH OF STAY (in this place) 12 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sinai Hosp. (Rosewood)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 5
STREET ADDRESS (If rural give location) 623 N. Calvert St.

3. NAME OF DECEASED (Type or Print): (First) Sylvania (Middle) Robert (Last) Meade
4. DATE OF DEATH (Month) June (Day) 29 (Year) 52
5. SEX male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married
8a. DATE OF BIRTH Dec 17 1889
9. AGE last birthday 62 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper
10b. KIND OF BUSINESS OR INDUSTRY Sales
11. BIRTHPLACE (State or foreign country) Baltimore Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Meade
14. MOTHER'S MAIDEN NAME Minnie Seibel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 216-03-9315
17. INFORMANT Mrs. Julia Meade (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 6-29 52 2 PM — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY Ooccur?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐*

SIGNATURE (Degree or Title) M.D. — ADDRESS 7 Medical Parkway — DATE SIGNED 6/29/52

J. H. Waterman M.D. Balto. Co. Dunkalk 1410

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF July 2, 1952 — NAME OF CEMETERY OR CREMATORY Baltimore Cemetery — LOCATION (City, town, or county) (State) North Ave. & Rose St. Balto. Md.

DATE REC'D BY LOCAL REG. 7-1 — REGISTRAR'S SIGNATURE LR

24. FUNERAL DIRECTOR ADDRESS Schimunek Funeral Home, Inc. 2601-3-5 E. Madison St.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Baltimore — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Notch Cliff near Towson
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Villa Maria Pleasure P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md — COUNTY: Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Villa Maria - Notch Cliff near Towson
STREET ADDRESS (If rural, give location): Pleasure Rd.

3. NAME OF DECEASED (Type or Print): (First) Sister Mary (Middle) Julitta (Last) Weingartner

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 28-1856

9. AGE last birthday: 95 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Religious

11. BIRTHPLACE (State or foreign country): Philadelphia Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Adam Weingartner

14. MOTHER'S MAIDEN NAME: Theresa Reichert

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Sr. Mary Clara Notch Cliff

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-

(c) -ic of Pancreatic Cancer

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1952, to June 1, 1952, that I last saw the deceased alive on June 1, 1952, and that death occurred at 2.45 A. m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) ADDRESS: 2501 Linwood Rd. DATE SIGNED: 6/2/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 3, 1952

NAME OF CEMETERY OR CREMATORY: Villa Maria Cemetery

LOCATION (City, town, or county) (State): Notch Cliff nr. Towson, Md.

DATE REC'D BY LOCAL REG.: 6-2-52

REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: Charles H. Zeller ADDRESS: 901 S. Conkling St., Balto., Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. M5

1. PLACE OF DEATH: COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork; MARYLAND; LENGTH OF STAY (in this place) 10 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Hutschenreuter Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md.; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fork; STREET ADDRESS (If rural, give location) Hutschenreuter Rd.

3. NAME OF DECEASED (Type or Print): (First) Marie (Middle) Lange (Last) Werler

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1952

5. SEX: F.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 2-1868

9. AGE last birthday: 83 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: House work

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Hoelscher

14. MOTHER'S MAIDEN NAME: Dora ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Elsie Hutschenreuter Fork Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset and Death: 2 days

Antecedent cause(s) (b) Diabetes Mellitus — 2 yrs.

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1952, to 6/14, 1952, that I last saw the deceased alive on 6/13, 1952, and that death occurred at 11 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Clifford F. Hudson, M.D. ADDRESS Fork Md. DATE SIGNED 6/15/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: June 17-52 | NAME OF CEMETERY OR CREMATORY: Mt. Carmel | LOCATION (City, town, or county): Balto. | (State): Md.

DATE REC'D BY LOCAL REG. 6/16/52 | REGISTRAR'S SIGNATURE W W Redmond

24. FUNERAL DIRECTOR: Dippel Bros. | ADDRESS: 7110 Belair Rd

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06234

Reg. Dist. No. 44

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Fort Howard
LENGTH OF STAY (in this place): 63 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: N. C. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Louisburg
STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) N. (Last) WHITLEY

4. DATE OF DEATH: (Month) June (Day) 18 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 7-18-17

9. AGE last birthday: 34 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Red Spring, N. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Cheat Whitley

14. MOTHER'S MAIDEN NAME: Mary L. Mann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) W.W. II

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT & ADDRESS: Clin.Rec., Vet.Adm.Hosp., Ft.Howard, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

44? X

Immediate cause (a) HYPERTENSIVE CARDIOVASCULAR DISEASE, SEVERE — DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) — DUE TO

(c)

INTERVAL BETWEEN ONSET AND DEATH: UNKNOWN

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 16, 52, to June 18, 1952, ~~that I last saw the deceased alive on [illegible]~~ and that death occurred at 6:30 A.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: I. F. [illegible], M. D., ACTING CHIEF, MEDICAL SERVICE, VAH, FORT HOWARD, MD.

DATE SIGNED: 6-19-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State): Franklin Co., North Carolina

DATE REC'D BY LOCAL REG. 6/20/52

REGISTRAR'S SIGNATURE: a. W. Herbert

24. FUNERAL DIRECTOR: Charles R. Law

ADDRESS: 802 Madison Ave., Baltimore, Maryland

SHIP TO: J. D. Toney Funeral Home, Spring Hope, North Carolina

VS-A-1-57

35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A14

1. PLACE OF DEATH: COUNTY Balto. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson — MARYLAND LENGTH OF STAY (in this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS None

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY BALTO — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON — STREET ADDRESS (If rural, give location) 519 DUNKIRK RD BALTO 12.

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) BERNARD (Last) WILKENS

4. DATE OF DEATH: (Month) JUNE (Day) 14 (Year) 1952

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: Nov 24 1872

9. AGE last birthday: 79 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ship Joiner Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Yard Inlet

11. BIRTHPLACE (State or foreign country): BALTIMORE MD

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GERARD HENERY WILKENS

14. MOTHER'S MAIDEN NAME: BERNADINE BOKEL

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 218-12-6635

17. INFORMANT AND ADDRESS: T.M. GALLOWAY E. SEMINARY Ave TOWSON. MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

151X

Immediate cause (a) Carcinomatosis — Interval between onset and death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Carcinoma Stomach — Interval between onset and death: 10 MOS

(c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 19 51, to June, 19 52, that I last saw the deceased alive on June 13, 19 52, and that death occurred at 5:40 P.m. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Howard K. Fuguet M.D. 427 Stoneleigh Rd Balto 12 6/14/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-17-52 — NAME OF CEMETERY OR CREMATORY: Holy Redeemer — LOCATION (City, town, or county) (State): 4430 Belair Rd Md

DATE REC'D BY LOCAL REG.: June 16, 1952 — REGISTRAR'S SIGNATURE: Mabel C. Gray

24. FUNERAL DIRECTOR: W. H. Sebley — ADDRESS: LAUREL-MD

RECEIVED
JUN 17 1952
BUREAU U. S.

Item #. ee file Pla 7/14/52 I
If other

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Baltimore; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural: Towson
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eudowood Sanatorium Towson 4, Maryland

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 706 WALKER AVE.

3. NAME OF DECEASED (Type or Print): (First) Caroline (Middle) E (Last) WILLIAMS
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: May 12 1882
9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FACTORY - Seamstress
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Baltimore Md
12. CITIZEN OF WHAT COUNTRY: U.S.

13. FATHER'S NAME: Charles Williams
14. MOTHER'S MAIDEN NAME: Mary Elizabeth McINTYRE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Personal History - Hospital Records, Eudowood Sanatorium

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pulmonary tuberculosis	3 Mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral thrombosis	4 Days
	(c) Mild Hypertension	unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 21 19 49 to June 23 1952, that I last saw the deceased alive on June 23, 1952, and that death occurred at 3:40 P m., from the causes and on the date stated above.

SIGNATURE: Milton B. Kress (Degree or title) M.D. ADDRESS: Eudowood Sanatorium, Towson 4, Maryland DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 6-26-1952
NAME OF CEMETERY OR CREMATORY: LOUDON PARK
LOCATION (City, town, or county) (State): BALTO. MD.

DATE REC'D BY LOCAL REG. 6/24/52
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR: H.W. JENKINS & SONS CO. ADDRESS: 4905 YORK ROAD BALTO. 12, MD.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 38

1. PLACE OF DEATH: COUNTY Balto. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 315-A. Lennox ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Balto
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Towson
STREET ADDRESS (If rural, give location) 315-A. Lennox ave.

3. NAME OF DECEASED (Type or Print): (First) Levering (Middle) H. (Last) Williams

4. DATE OF DEATH: (Month) 6 (Day) 3 (Year) 1952

5. SEX: M

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 10, 1894

9. AGE last birthday: 57 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dentist

10b. KIND OF BUSINESS OR INDUSTRY: Private family

11. BIRTHPLACE (State or foreign country): Towson, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Williams

14. MOTHER'S MAIDEN NAME: Caroline Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Etta V. Williams - 315-A. Lennox Ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Myocarditis — Interval between onset and death: 6 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1951, to 6/2, 1952, that I last saw the deceased alive on 6/2, 1952, and that death occurred at 5:50 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Lani G. Johnson M.D. ADDRESS 301-E. 22nd St. Balto 18 Md. DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 6/5/52

NAME OF CEMETERY OR CREMATORY: Pleasant Rest

LOCATION (City, town, or county) (State): Towson, Md.

DATE REC'D BY LOCAL REG. 6/4/52

REGISTRAR'S SIGNATURE: A W Hedrick

24. FUNERAL DIRECTOR: Wm. J. Chatman Jr. ADDRESS: 1201 Mt. Auburn St. Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct one is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 46

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

1. PLACE OF DEATH:
COUNTY: Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Fort Howard
LENGTH OF STAY (in this place): 477 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 2313 N. Calvert Street

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) C. (Last) WINGATE

4. DATE OF DEATH: (Month) June (Day) 5 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced

8. DATE OF BIRTH: 4-13-20

9. AGE last birthday: 32 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chauffeur

10b. KIND OF BUSINESS OR INDUSTRY: Clerk.

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Lewis Wingate

14. MOTHER'S MAIDEN NAME: Fannie Reilly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO.: 219-03-5595

17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hosp.,Ft.Howard,Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
C02X Immediate cause	(a) TUBERCULOSIS, CHRONIC, PULMONARY, FAR ADVANCED,	UNKNOWN
	DUE TO ACTIVE	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	
	DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION:** **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY — M. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb. 11, 19 51, to June 5, 19 52, [illegible] and that death occurred at 1:45 P. m., from the causes and on the date stated above.

SIGNATURE: John J Toma M.D. (DEGREE OR TITLE) ADDRESS: VAH, FORT HOWARD, MARYLAND — DATE SIGNED: 6-5-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 6-9-52 — NAME OF CEMETERY OR CREMATORY: Baltimore National — LOCATION (City, town, or county) (State): Baltimore, Maryland

DATE REC'D BY LOCAL REG. 6/6/52 — REGISTRAR'S SIGNATURE: W W Hedrick

24. FUNERAL DIRECTOR — ADDRESS: Howard Blight Funeral Home, 6009 Harford Road, Baltimore 14, Maryland

Mildred T. Blight

MARGIN RESERVED FOR BINDING

PLEASE PRINT PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEATH: COUNTY Baltimore — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
LENGTH OF STAY (In this place) 48 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 357 Main St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Reisterstown
STREET ADDRESS (If rural, give location) 357 Main St.

3. NAME OF DECEASED (Type or Print): (First) Jacob (Middle) W. (Last) Wolf

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 24, 1873

9. AGE last birthday: 79 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Live Stock Dealer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Charles Wolf

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Sarah K. Wolf, Reisterstown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocarditis Chronic — Interval Between Onset and Death: 3 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — 3 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1-48, 19..., to 6-30-52, 19..., that I last saw the deceased alive on 6-29-52, 19..., and that death occurred at ...A... m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. ADDRESS: Reisterstown Md. DATE SIGNED: 7-1-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: July 2, 1952

NAME OF CEMETERY OR CREMATORY: Druid Ridge

LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REG. 7-1-52

REGISTRAR'S SIGNATURE: Mary B. Eline.

24. FUNERAL DIRECTOR ADDRESS: J.F. Eline & Sons, Reisterstown, Md.

RECEIVED
JUL 7
BUREAU V. S.

06240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 33

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Balto; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaklesville; LENGTH OF STAY (in this place) 2 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Balto; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Beaklesville; STREET ADDRESS (If rural, give location) ✓

3. NAME OF DECEASED (Type or Print): (First) ETHEL- (Middle) KATHERINE- (Last) WOLFE

4. DATE OF DEATH: (Month) JUNE (Day) 7 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 13-1894

9. AGE last birthday: 57 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hampton Bill

14. MOTHER'S MAIDEN NAME: Katherine McIntyre

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: ✓

17. INFORMANT AND ADDRESS: Jos T Wolfe Hampstead Md (RD)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 or 5 hrs.

331K Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteri- sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 5, 1952, to June 7, 1952, that I last saw the deceased alive on June 7, 1952, and that death occurred at 5 45 m. from the causes and on the date stated above.

SIGNATURE: A. M. France (Degree or title) M.D. ADDRESS: Parkton Md. DATE SIGNED: 6/7/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 11/1952

NAME OF CEMETERY OR CREMATORY: Green Lane cem.

LOCATION (City, town, or county) (State): Hampshire Co. W.Va

DATE REC'D BY LOCAL REG.: 6-9-52

REGISTRAR'S SIGNATURE: Darry B. Eline.

24. FUNERAL DIRECTOR: Edw C Lipton

ADDRESS: Hampstead Md

VS. A15

RECEIVED
JUN 12 1952
BUREAU W. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 42

1. PLACE OF DEATH: COUNTY Balto — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rosewood St Tr. School

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Allegany
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Owings Mills Cumberland
STREET ADDRESS (If rural, give location) Rosewood St School

3. NAME OF DECEASED (Type or Print): (First) Ruth (Middle) Madora (Last) Young
4. DATE OF DEATH: (Month) June (Day) 12 (Year) 1952
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) single
8. DATE OF BIRTH: 7-25-99
9. AGE Last Birthday: 09 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inmate
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Cumberland Md
12. CITIZEN OF WHAT COUNTRY: US
13. FATHER'S NAME: Robert W Young
14. MOTHER'S MAIDEN NAME: Edith Madora
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Hospital record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) oedema of the lungs
(c) aspiration of food

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Hospital
(CITY OR TOWN): Owings Mills (COUNTY): Balto (STATE): Md
TIME OF INJURY: (Month) June (Day) 12 (Year) 52 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☑
HOW DID INJURY OCCUR? While eating food regurgitated

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Geo. S. McKieffer — (Degree or title) Dr Phys — ADDRESS: Baltimore 1010 Leadenhall — DATE SIGNED: June 13 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 6-14-52 — NAME OF CEMETERY OR CREMATORY: Rose Hill — LOCATION (City, town, or county) (State): Cumberland Md

DATE REC'D BY LOCAL REG.: June 13 52 — REGISTRAR'S SIGNATURE: Geo. McKieffer

24. FUNERAL DIRECTOR: Howard W Russell — ADDRESS: 2503 Edmondson Ave

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUN 16
BUREAU V. S.